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Understanding Health Professionals about Preservation of Silence in the Intensive Care Unit During the Post-Heart Surgery Surgery: a Systematic Review

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ABSTRACT

Introduction: Through studies in the scientific literature about the measurement of sounds in the Intensive Care Unit environment, it is clear that the noise, continuous sound of equipment and those caused by the health team itself is excessive and above 85dB (decibels), favors increased sensitivity of patients to pain, irritation, post-traumatic stress and may cause psychomotor agitation, delirium, changes in heart rate and sleep. A peaceful environment can bring countless benefits to restoring the health of patients, as well as reducing the stress of professionals. **Objective:** To analyze some research and studies published in Brazil about the noise in an Intensive Care Unit and the perception that professionals have about this topic. **Methods:** A systematic literature review was performed with electronic search of articles indexed in PePSIC and SciELO databases, published from 2009 to 2019, in which the inclusion and exclusion criteria were considered. **Results:** indicate that the noise in this type of place often presents with an oscillating intensity of moderate to intense. It is verified that there is from the professionals a certain level of understanding of the existence of noise in the ICU. **Considerations:** Despite the finding by professionals about noise, it is also observed that there are few current publications about the awareness of health professionals regarding the importance of preserving a quieter environment and criteria that reinforce effective humanization interventions during the study. postoperative period of cardiac surgery in this type of environment.

Keywords: Noise, Intensive Care Unit, Cardiac Surgery, Humanization, Systematic Review.

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INTRODUCTION

The health field is quite complex and rich in the range of concepts that surround it. The health-disease binomial is constantly present for health professionals and has in its midst the experience that each brings, either by their technique or by the accumulated experience over time¹. Added to all this complexity is the human fragility, which so often present in illness, causes anguish and suffering to the human being. Thus, it is considered that there is a new look at the objectivity of the body, introducing man in his uniqueness, subjectivity. Conflicts and fears that involve the human being at any moment of his life, as well as in the process of illness.

Is it then in cardiology that the symbology of life pulses most richly? In so many societies and cultures, the heart is perceived as vital to human existence. Scientific concepts are mixed with affective ones that they value and are peculiar to life. Heart-related experiences can also provide high expectations for treatment and perceptions about human existence¹.

Bringing the discussion into a hospital context, where care is provided for hospitalized people especially in an Intensive Care Unit for Cardio-Thoracic Recovery (URCT), where there is one of the highest concentrations of diagnostic and therapeutic technology, It is extremely important to reflect on how professional attitudes are relating to the proposal to minimize "noise" and the preservation of silence. This provokes and reinforces us to think and act in the face of the importance of also being able to reflect on how pertinent the humanization process is within a hospital context such as the one previously mentioned.

The practices of care to the human being comprehend in their entirety, the relationship of subjectivity and autonomy about life and treatment, and cannot be dissociated from the policies of humanization in health. According to the National Humanization Policy we can mention some of its objectives. They are: a)

appreciation of the subjective and social dimension of the subjects about the health production process; b) train hospital health professionals for a new concept of health care that values human life and citizenship; among others¹.

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Over time, Intensive Care Units (ICUs) have modernized in technological terms in a significant way, especially in recent years, both with regard to drug resources and intervention equipment and techniques³.

It is also commented that the concern for the humanization in the hospital and for the more attentive and "personalized" care to the individual⁵. Over time, it was observed that the patient's permanence in this type of place generated many disorders of emotional origin. People hospitalized in this place, due to the sleep deprivation they experience, as well as

physiological changes, noise and continuous illumination, could generate changes in mental state, irritability, rambling speech, disorientation, hallucination, among others⁴.

It is clear from the systematic review of studies in the scientific literature that continuous and excessive noise exceeding 85dB (decibels) increases the sensitivity of patients to pain, irritation, posttraumatic stress, causing psychomotor agitation, delirium and acceleration of the heartbeat and sleep disturbance⁵. It may also cause physiological and psychological effects such as: hypertension arterial pressure, headache, mental confusion, loss of concentration and irritability. It is also known that these events may impair the defenses and the recovery of the diseased organism.

High noise levels cause behavioral disturbances, resulting in physiological stress responses in hospitalized patients, as well as increased blood pressure, changes in heart rate and others⁶. The World Health Organization (WHO) has recognized that noise can impair hearing and cause psychological, physiological and pathological reactions in people exposed to it⁷.

On the other hand, the debilitated patient is always advised to maintain their rest so that where silence is preserved, recovery tends to become faster and better. A calm environment can bring countless benefits for the restoration of patients' health, as well as reducing the stress of professionals⁶. From this, we intend to reflect on how the Multidisciplinary Team understands the possibility of minimizing noise levels in order to preserve silence in the postoperative period of cardiac surgery in the Cardio-Thoracic Recovery Unit.

The aim of the present study was to analyze some researches published in Brazil about the noise in an Intensive Care Unit, as well as its relationship with health professionals about the importance of preserving a less noisy environment. Such analysis may help in the construction of more reflections on this theme.

METHOD

The research was a systematic literature review before an electronic search of articles indexed in PePSIC and SciELO databases, considering as inclusion criteria articles published from 2009 to 2019. They are: multidisciplinary team, Intensive Care Unit. (ICU) and articles in Portuguese and foreign language. As exclusion criteria were: articles or papers characterized in recovery room, wards, ambulatory, Neo ICU and Pediatric. The descriptors used for this review were: noise, cardiac surgery, humanization and systematic review.

The following is a schematic chart showing the searched bases and their inclusion and exclusion criteria numbers (Fig1. Search Strategy).

SEARCH STRATEGY: n° 05 e SciELO n°03

RESULTS AND DISCUSSIONS

After searching the articles in Portuguese and foreign language, in addition to considering the inclusion criteria established, we found 08 publications concerning the aspects of the proposed theme between the specified period from 2009 to 2019, of which 05 in the PePSIC database and 03 in the SciELO database. Of these, articles that did not meet the inclusion criteria were removed, which had a final total of only 01 publication in PePSIC and 01 in SciELO. Thus, there were 02 articles to be analyzed and discussed. The following is a table showing the characteristics and results of the two articles searched:

From the search and reading of the contributions of the studies analyzed in this type of systematic review, some aspects could be listed for a discussion. They were: the incidence of noise in the ICU environment; the perception of health professionals regarding this issue; and the understanding of doctors and psychologists about looking at a process of the human being that cultivates an integrative and totalitarian dimension.

From the cross-sectional study by Sampaio Neto et al⁷ it can be verified that they found that in an Intensive Care Unit at the Reference Hospital, noise levels tended to be moderately to intensely. Such noises in turn is not only presented due to the equipment, but also the

conversational postures of some professionals inserted in this type of environment. However, the professionals surveyed indicate that they identify the existence of a really noisy environment.

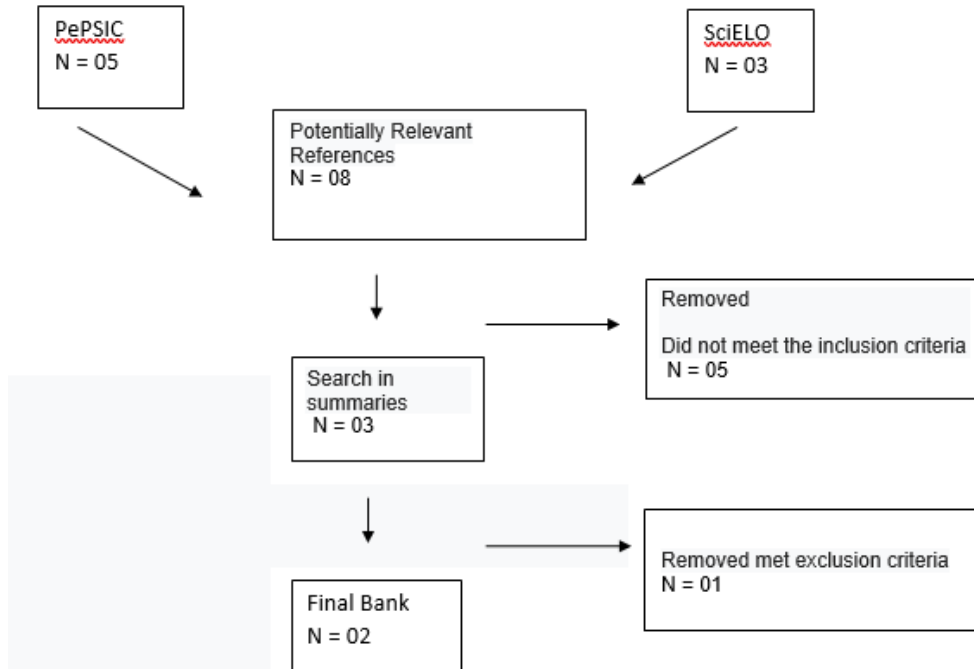


Fig1 – Search Strategy

Table 1 - Characteristics and results of the 02 articles included in this systematic review.

Author	Objetives	Participants	Instruments	Results	Focus	Discussion
Sampaio Neto et al ⁷	Assess Intensive Care Unit noise levels and professionals' perceptions	73 volunteers. Being 32 men and 41 women. These include doctors, nurses, physiotherapists and nursing technicians.	01 decibel meter and questionnaires applied during the interview	Noise level higher than recommended and professionals noticed that they were moderate to intense	ET	Noise level check and perception of professionals
Souza Pegoraro ⁶	Discuss from Jungian theory the conceptions of doctors and psychologists about the health-disease process and the formation of professionals to work in the hospital context	06 Health professionals. Being 03 doctors and 03 psychologists	Interview with semi-structured questionnaire application	Difficulty in understanding the human being in an integrative view. Dichotomy of body and mind. Jungian conception suggests a look holistic human being	PQD	Need for total patient understanding (biopsychosocial and spiritual aspects)

Notes: Abbreviations: ET = Cross-sectional Study; PQD = Qualitative-Descriptive Research

Parallel to the behavior of excessive conversational postures and lack of sensitivity during the “rest / recovery” moment within the Intensive Care Unit, especially that of the Cardio-Thoracic Recovery Unit, it is verified what Souza and Pegoraro⁷ pointed out in their study. This article states that it is necessary to understand the importance of having more humanized postures within a hospital context. Thus, it is also right that the subject is perceived from a totalitarian, holistic conception, associating with what is called a total conception of biopsychosocial aspects.

These authors in their work start from the Jungian theoretical foundation, in which they realize that all illness has an expression in body and mind simultaneously. Still on this aspect they provoke us to think about the importance of having a more systematic work and reformulation in the academic curricula of medical professionals in which prioritize the most welcoming way of understanding the human being, as they found that there is on the part of medical professionals a link to the biomedical paradigm in dealing with the understanding of the human being from the mind and body dichotomy.

However, despite the reflections exposed, it appears that there are few publications that involve the theme of silence in the Intensive Care Unit focused on the recovery of the patient in the postoperative period. Cardiac surgery. Given this, it is considered opportune to expand studies on this theme and the possibility of offering interventive and reflexive strategies with health professionals when dealing with the maintenance and preservation of silence in the intensive care environment.

CONSIDERATIONS

As we performed this systematic review of articles, we were able to observe how relevant and relevant the topic is, since it involves the relationship and understanding of care that should be taken with patients hospitalized in the Intensive Care Unit, as well as those aimed at postoperative recovery from cardiac surgery.

For in the studies analyzed it was evident the existence of noise in these environments, as well as the perception that health professionals have of them.

It is also observed that the role of humanization is paramount in helping to understand the most welcoming attitudes of professionals, without dichotomizing the human being in the binomial Body and Mind. The vision must be holistic, total.

However, although there was this warning from the theorists studied in this systematic review, it can be seen that there are still few studies aimed at addressing the proposed intervention with health professionals, especially those working in the environment where there are patients. in the postoperative period of cardiac surgery. What can be noticed is that there are, in most cases, reports of the measurement, measurement and quantification of the noise level in the General Intensive Care Units.

We can understand that having a less noisy environment can be both “rewarding” for patients who are there and can also provide a less stressful place for health professionals who are there and who spend a stressful daily journey.

This type of systematic literature review can, at the first moment, “light” us a guide to the understanding of the phenomenon and the relationships that this theme of silence has in helping to deal with human care.

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