



## Understanding of health promotion by the multidisciplinary team of an Intensive Care Unit

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### ABSTRACT

#### OBJECTIVE

To investigate the understanding of health professionals in an Intensive Care Unit about the meaning of health promotion.

#### METHODS

This study has a qualitative approach with thematic analysis. The study subjects included 24 professionals with higher education: six doctors, six nurses, six physiotherapists, one psychologist, one speech therapist, one nutritionist, one social worker, and two pharmacists. The data collection took place between the months of November and December 2016, using semi-structured research, and the interviews were transcribed in full. The data analyses were carried out from the content analysis.

#### RESULTS

The results present eight nuclei of meanings/pre-categories: I) lack of repertoire; II) health promotion as guidance; III) generalization for well-being; IV) health promotion and multidisciplinary team; V) health and family promotion; VI) difficulties of professionals; VII) health promotion in treatment; and VIII) health promotion as a form of care.

#### CONCLUSIONS

There is still a long way to go to achieve the development of health promotion in the context of the Intensive Care Unit, especially because the health practices established in patient care are centered on the physical aspects of the condition.

#### DESCRIPTORS

Health promotion, Health professionals, Therapy Unit..

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## INTRODUCTION

Currently, Health Promotion is one of the most widely discussed topics within the different services involved in the production of knowledge and health practices<sup>1,2</sup>.

Health Promotion emerged as a new concept in Health in the mid-70s, after the Lalonde report and several debates on social determination, health economics, and the construction of a non-disease-centered perception<sup>2,3</sup>. This report describes the other causes that help to increase morbidity and mortality beyond biology, environment, and lifestyle<sup>2,3</sup>.

The proposal for Health Promotion in Brazil began in the mid-1980s, through debates held by the Health Reform movement, which culminated in the implementation of the Unified Health System (SUS), whose operating model required changes in the training of health professionals, who needed to build their actions on an alternative care model to the curative and mercantilist logic that prevailed in the Brazilian health system until then<sup>4</sup>.

Health Promotion is present in the (re)structuring of the Family Health Strategy, which aims to reorganize Primary Care in the country, in accordance with SUS precepts, having as general principles the development of activities in accordance with planning and programming, both carried out based on situational diagnosis and focusing on the family and the community, in addition to a space for building citizenship. This proposed care model is that of Health Promotion, which is based on encouragement and support for people and social groups to assume greater control over their health (empowerment)<sup>5</sup>.

The purpose of promotion is broad and is related to the ability to interrelate the different health conditions<sup>6</sup>. Therefore, promoting health goes beyond the absence of disease; it must be understood as a transversal, multi, and interdisciplinary action. Given this concept, it cannot be limited to issues related to the prevention, treatment, and cure of diseases. Regardless of the environment where care is provided to the patient, Health Promotion should be associated with all actions that are developed, seeking the improvement of individuals<sup>2,3</sup>.

A direct relationship is usually made in relation to the Health Promotion strategy and the context of primary health care, because at this level of care, these activities are more evident, especially because the main focus is the family, or the individual inserted in the environment where they live<sup>7</sup>.

In the hospital environment, care is often focused on the curative or preventive aspects of the condition, to the detriment of Health Promotion. Considering this theme, there is a lack of investigation on how Health Promotion could be successfully incorporated into the work of the multidisciplinary team in the environment of an Intensive Care Unit, and how these professionals perceive their role. The studies that do address health promotion policy in hospitals focus on descriptive research with a low level of evidence<sup>7,8</sup>.

Therefore, the scenario presented outlines the context in which the process of creating the guiding questions of this work was developed. The study was carried out with professionals from different categories of the health team of the adult Intensive Care Unit (ICU) of a public hospital in São Paulo. Is there an understanding on the part of the health team working in the ICU about the concept of Health Promotion? Do ICU health professionals carry out Health Promotion actions or not? How do the health professionals relate the actions to the act of caring?

In this way, the study intends to contribute to the reflection and formation of a professional practice aimed at promoting health within the historically characterized environment, focusing only on the condition. The article aims to establish the understanding of the health team of the meaning of Health Promotion, and to describe the Health Promotion actions per-

formed by the team in the care of patients treated in an adult ICU.

## METHODS

A descriptive, qualitative research, carried out in an ICU of a public hospital in the city of NN. Politically, the city is administratively divided into sub prefectures. The studied region corresponds to NN. Therefore, the hospital serves an area of coverage of approximately one million inhabitants. The hospital is composed of NN.

The study subjects were 24 professionals with higher education, 15 females and 9 males, who work in a public hospital in the eastern region of the city of SP, with mean experience of 20 years in the process of hospitalization and patient care in the ICU. Interviews were performed with six Doctors, six Nurses, six Physiotherapists, one Psychologist, one Speech Therapist, one Nutritionist, one Social Worker, and two Pharmacists.

For data analysis, the technique of content analysis by thematic categories was performed. In the thematic analysis, the categories are elaborated as the themes appear in the text. To define the information in categories, everything in common was scored for the construction of a grouping<sup>9</sup>.

Bardin<sup>10</sup> divides the analysis into three different phases to organize the study in a chronological way: pre-analysis, material exploration, and treatment of results.

In the pre-analysis, the data were transcribed and organized as established for this phase, which comprises intense and repetitive reading to formulate and reformulate hypotheses or assumptions, requiring the researcher to have more direct contact with the acquired material<sup>10</sup>. It is also necessary to follow some criteria of qualitative validity. The third phase was the treatment and interpretation of the results, with a subsidy from the literature on the object of study.

The present work was developed in accordance with the current norms of Resolution 466/2012 of the National Health Council - CNS, after being submitted to the NN Research Ethics Committee, approval number 1.764.367.

## RESULTS AND DISCUSSION

From the thematic analysis of the contents of the interviews with the participants of the ICU multidisciplinary team, eight categories were constructed: I) lack of repertoire; II) health promotion as guidance; III) generalization for well-being; IV) health promotion and multidisciplinary team; V) health and family promotion; VI) difficulties of professionals; VII) health promotion in treatment; and VIII) health promotion as a form of care.

### I) Lack of repertoire

This category presents the lack of repertoire of research participants in relation to the proposed theme. The expressions portray the lack of knowledge or forgetfulness and even doubt about the clarity and understanding of what they can offer. There are reticences, laughs, silences that express the distance and subjectivity of the concept of Health Promotion in their work environment.

In general, the particular characteristics related to the context of the ICU, such as continuous emergency situations, the severity of patients, and the accelerated dynamics of the service, contribute to automated behaviors, in which dialogue and critical reflection do not find space<sup>4,11</sup>.

*"I can't, oh I don't know... can you promote it in the three plans, is there all three, what is this SUS things like there? I do not remember"* (P1)

*“I think that within our unit, despite all the difficulties, we have managed, repeating, despite all the difficulties, some degree of this Health Promotion, right, it is not ideal, I think it is not, what we would like to do, but it has improved a lot for some time now” (P14)*

## II) Health Promotion as Guidance

Guidance is portrayed by professionals as part of the concept and action of Health Promotion. A resource that requires understanding, and a level of awareness without alterations from the patient, especially at the time of the professional's intervention. When this is not possible, guidance is given to the family. There are also reports of guidance after the patient's discharge, as a strategy only for Basic Health Units, through group care, and referrals to network services.

Reconciling with this finding, data from 2012 indicate the communication of health teams working in the ICU, only in patients who are conscious. However, in this environment there is a prevalence of patients with impaired verbal expression skills as a result of procedures such as orotracheal intubation and tracheostomy. It is possible to establish the transmission of messages through non-verbal communication and with the help of the use of alternative communication<sup>12</sup>.

In one approach, only with primary health care professionals, the teams present lectures as Health Promotion, to aid patients to prevent diseases<sup>13</sup>.

*“You, for example, arrive and guide a patient, understand, you are promoting health in some way.” (P1)*

*“Yes, on a daily basis, every time I go to see a patient, if they are conscious, and it guides everything you do, you will explain to them, understand, they can ask whatever they want.” (P1)*

## III) Generalization for well-being

This category shows the narratives of the interviewees, who expressed themselves in a generalized way, without going deeper into the subject in question, Health Promotion as a work process, to ensure well-being, and quality of life, from a biopsychosocial perspective. According to some statements, Health Promotion is only possible with a patient free of disease. Others describe it as a way of not allowing comorbidities to occur while the patient is in the ICU.

According to Aguiar<sup>1</sup>, the concept of Health Promotion, for the nursing staff of an ICU, is presented in a broader way, that is, a holistic view. The origin of the word holism or holistic comes from the Greek, *holos*, which means whole, complete. The importance of the holistic view in health practices attributes to the development of a view of the human being inserted in a biopsychosocial context, as an individual who brings with them a life story imbued with cultural values<sup>14</sup>.

In this sense, Health Promotion is related to the individual's quality of life, their well-being, and aspects that result in health, in their physical, mental, social, and emotional aspects<sup>4,14</sup>.

*“I think whatever action you do is promoting.” (P6)*

*“What gives benefit is worth it.” (P9)*

## IV) Health Promotion and Multidisciplinary Team

This category contains the statements of the interviewees, who relate Health Promotion with the presence and integration among the members of the multidisciplinary team, de-

scribing the importance of communicating with each other, and the difficulty facing the reduction in human resources.

Several studies consider communication as an important tool for the promotion and humanization of health<sup>4,15,16</sup>. Participants report that they are careful not to fragment the patient, only with their clinical situation.

In addition to the narratives that address the proposed theme, issues involving the health of employees working in the ICU also appear, and the need for ongoing studies, so that care can be improved, reducing the risk of damage to the health of the employees themselves.

Aguiar<sup>1</sup> described that few professionals working in the adult ICU reported the need for some form of health education within the ICU, and those who gave an opinion considered training in techniques and procedures<sup>17</sup>.

The concern of professionals in relation to the lack of human resources is in line with the results of the study that analyzed the difficulties of the multidisciplinary team in an intensive care unit<sup>18</sup>, with reports of frustration in the act of caring, given the amount of improvisation resulting from the lack of materials and professionals. It was found that one of the biggest complications of stress among professionals is not knowing how to deal with a team.

*“Yes, we do it through multiprofessional care, which already tries to cover everything, from the social to the patient's physical illness, so all health promotion is carried out.” (P10)*

*“I see that promotion is linked to personal training in my person as a doctor, of all professionals in the multidisciplinary team, and the best and unique multidisciplinary relationship between us.” (P21)*

## V) Health and Family Promotion

Study participants reported that Health Promotion is accompanying the family during the patient care process, as well as providing information and benefits to family members, emotional support in the face of worsening of the clinical condition. In addition to monitoring and information, the interviewees talk about the family members' expectations in relation to a possible discharge, which places the professionals in a position of needing to provide stability, and the patient's return to the social context of which they are part.

In this sense, it is clear that the actions described by health professionals focus on the therapeutic model and cure of diseases, but when professionals refer to family members, practices also emerged in the discourses that advocate Health Promotion in a broader sense, aimed at humanization<sup>1,16,18</sup>.

*“... You can promote it with the family, there's no problem either, the problem is people adhering to it.” (P1)*

*“Every benefit it can bring to the family too, I believe I also do this promotion.” (P24)*

## VI) Difficulties

Some professionals reported their difficulty in understanding what Health Promotion in the ICU is, without considering the absence of disease, claiming that when they stop thinking about technical and drug procedures, there will be a limitation on making a diagnosis, which increases the risk of not guaranteeing the patient's survival. Some statements point to health

promotion as an extra activity, which due to the overload of tasks, the professional fails to do.

The reports corroborate what studies<sup>3,16,18</sup> have described as the difficulties of the health teams in the face of Health Promotion actions, which are: work overload, lack of material, lack of professional commitment, and the fact that many ICU patients are sedated, which limits communication.

*“So I feel a limitation in relation to Health Promotion within intensive care, I already felt this when I worked in other hospitals, I feel it now, I think we have to prioritize the survival of this individual with the least possible sequelae, right, that’s it.” (P5)*

## VII) Health Promotion in Treatment

Some of the professionals also defined Health Promotion as a form of treatment, to ensure the patient’s health, and to treat all areas, beyond the physical, emotional, and social. It was also stated that Health Promotion is to treat the disease already installed, to provide a good prognosis, so that the individual returns to his/her social context.

Some authors consider, however, that professionals in the field understand Health Promotion as a prescription for curative and preventive measures, focused on the disease process. However, it is known that Health Promotion is more comprehensive and goes beyond the strictly biological focus<sup>3,11,13</sup>. Furthermore, studies that report preventive activities performed by medical professionals also have limitations, focusing only on verbal actions related to procedures<sup>17</sup>.

*“So, I think that’s it, Health Promotion, it is measures that effectively treat the individual, make him or her return to health.” (P5)*

## VIII) Health promotion as a form of care.

Another category present was Health Promotion described as care actions.

In this category, the professionals described that, through listening to the patient’s demands, a conversation or a motivational speech indicating the improvement in the clinical condition, is a way of caring as a synonym for health promotion.

The relationship between health professionals and people seeking care encompasses aspects of subjectivity and affectivity beyond objectivity, conduct complaint, and transfer of information. When this meeting takes place, the structured technological knowledge starts to include the caring and the bond<sup>16</sup>.

The communication used, as a therapeutic resource to identify and deal with insecurities and resistances, depends on the development of listening, observation, and dialogue - question and answer skills - being, therefore, something built procedurally<sup>10</sup>.

*“You can arrive and promote well-being, with a conversation, whether the patient understands, that he is being cared for, you know, promoting health.” (P1)*

## FINAL CONSIDERATIONS

The understanding of health professionals in relation to the meaning of Health Promotion presented different theoretical understandings and, consequently, different practices, which started from a vision based on the biomedical model of Health Promotion, focused on curative measures, and with a focus on the disease process, as well as a broader concept, whose main action is the reception, the relationship with the other, to promote well-being, going beyond the specifically

biological perspective.

The responses of the participants related to Health Promotion pointed to a broader sense, and the actions were directed towards the descriptions of interventions and routine care provided by these professionals for the treatment and control of diseases. It is observed that most professionals are unaware of the true meaning of the Health Promotion theme, and often confuse the concepts of Promotion and Prevention.

The particular characteristics related to the context in which the ICU is located, such as the patient’s level of awareness and severity, the complexity of machines and devices, in addition to the accelerated environment, aid automated behavior, making dialogues and critical reflections difficult.

Despite this, some professionals spoke about some Health Promotion activities, which included the importance of the family and the patient, as well as the care of the caregiver, that is, attention to the health of professionals.

It is noteworthy that the present work involved a variety of professional categories, including the mandatory core team and supporters, which differentiates it from other studies<sup>19,20</sup> in the literature, which often address the basic team, especially the Nursing<sup>14</sup> and Physiotherapy teams<sup>21</sup>.

There is a need to approach health professionals with the issues raised, regardless of the level of care in which they act, in order to develop training, mediation, and further studies addressing the topic, so that the concept and its essence can be addressed<sup>19,22,23</sup>. Maintaining Health Promotion as a synonym for prevention and/or treatment can promote actions and reflections based on health, with the absence of disease.

According to the view of the health professionals participating in the study, they carry out Health Promotion, according to a specific concept, which does not include the patient as the protagonist of the actions, thus resulting in the absence of empowerment.

Therefore, this theme requires continuous discussion. The development of Health Promotion in the hospital context is still very restricted, particularly in the context of the ICU, especially because health practices aimed at patient care are focused on the physical aspects of the condition. It is necessary for professionals to broaden their vision of Health Promotion, including critical authors and participants in the construction process, along with others, who are patients, family members, and the health team.

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