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HUMANIZATION AND AFFECTIVE STIMULATION IN THE ICU: MUSIC CIRCLES, PET VISIT, AND EXTENDED FAMILY PRESENCE – AN EXPERIENCE REPORT

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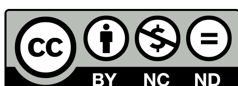

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Abstract: **Introduction:** The Intensive Care Unit (ICU) is a disembodied place, in which the patient experiences fears and uncertainties about their serious organic disease, with deprivation of sensory stimuli and their autonomy. Therefore, humanizing care in this environment requires multidisciplinary engagement, with patient-centered treatment, based on psychosocial interventions that will complement the medication, extrapolating the biological aspect and alleviating the patient's emotional suffering. **Method:** This article deals with the ICU experience report of a Brazilian municipal hospital, where professionals work in a humane way with affective stimulation activities, such as affective records, extended family presence, pet visitation and music circles. Observations occurred through family reports during and after hospitalization and through the experience of professionals. **Results:** Many positive aspects were observed in the evolution of patients, such as: decrease in *delirium*, use of sedatives, greater control of pain and anxiety, and fewer episodes of depersonalization. There was also greater interaction between staff, patient and family. **Conclusion:** Bringing humanization to care is essential to help the person recover and return, as much as possible, to their normal conception of life, with integrity of body, soul and spirit. With the purpose of focusing care on respect, empathy and humanization, affective stimulation strategies are increasingly studied and guided within ICUs. The *American College of Critical Care Medicine recommends the presence* expanded and flexible family as part of the treatment of critically ill patients. Pets are increasingly included in assistance, providing a reduction in pain, suffering and fatigue; and music brings benefits such as calming and reducing anxiety.

Keywords: Humanization, therapy animals, music therapy, ICU.

INTRODUCTION

Over the last few decades, Intensive Care Units (ICUs) have become increasingly capable of providing the stabilization and survival of patients with critical illnesses(COSTA; FIGUEIREDO; SCHAURICH, 2009; GOMES et al., 2022).

At the same time that the ICU is characterized by agility in the diagnosis and treatment of complex diseases, equipped with technologies to save the greatest number of people, it is a potentially hostile environment for the patient. In the critical unit, the patient is constantly exposed to artificial lights, sounds and noise from alarms, monitors, conversations and complaints from others. The patient does not have his privacy, and is disembodied by having his clothes, orthoses and adornments removed, becoming passive to receive comprehensive care, including activities of daily living. The same is vulnerable by the acute injury and lives moments of expectations and uncertainties. Maintaining the dignity and meaning of a patient's life in an environment in which they are experiencing a clinical condition of uncertainty due to the disease is challenging and surrounded by bioethical aspects for health professionals in the ICU(COOK; ROCKER, 2014; COSTA, 2014).

The recent global collapse caused by the COVID-19 pandemic has revealed to the world this whole scenario of loneliness, fear and hopelessness of critically ill patients admitted to ICUs, deprived of physical contact with their families and companions(CUADRADO et al., 2021; SANTOS, 2020).

All these factors added together usually cause a lot of harm to patients and even different degrees of functional loss, often leading to what is known as Post Intensive Care Syndrome (PICS - *Post Intensive Care Syndrome*) (GOMES et al., 2022; ROBINSON et al., 2018). PICS is characterized by

impairments to the cognition and mental health of critically ill patients and/or their families, and its psychopathological components can affect up to a third of patients who survive an ICU stay (GOMES et al., 2022; HATCH et al., 2018).

In view of this, a readaptation regarding humanization practices in ICUs was necessary. Professionals began to invest in efforts that could provide emotional support to patients (CUADRADO et al., 2021; SANTOS, 2020). The importance of increasingly combining technical-scientific advances with people-centered health care (patients, families and professionals) was understood. Care must be holistic, quality and multidisciplinary. The family must play an important role in this teamwork, not only as an active part in patient management, but also as the goal of our entire care process (ALONSO-OVIES; CALLE, 2020).

The objective of this article is to report the successful experience of an ICU at a municipal hospital in the state of Paraná, where professionals work with affective stimulation activities, such as extended family presence, pet visitation and music circles. Observations occurred through family reports during and after hospitalization and through the experience of professionals.

EXPERIENCE REPORT

After the flexibility of visits to the ICU due to the pandemic, and the growing number of people vaccinated and the decrease in cases of COVID-19, the work of humanizing the ICU was resumed.

Several actions were carried out, with a special contribution from the psychology team. At each hospitalization, a family interview was carried out to build the patient's affective record, which was displayed inside the patient's box so that all of the care team could delve a little deeper into the patient's biography and learn about their preferences. In this record there was information such as the way the patient likes to be called, name of spouse and children, what they like to do most, what they like to eat and listen to, if they have any pets. Photos and letters brought by family and close friends were also fixed in the patient's box.

From the affective record, the team takes part in the patient's musical preferences and if he has a pet.

To humanize care, the hours of family presence in the ICU were extended. Initially, they were selected to spend more time with elderly patients, at risk of delirium, in agitated awakening. But, as the care team got used to the presence of the family, often participating in the care, all patients became eligible to receive the family for a longer period. The extended time is usually 4, 6, 12 to 24h.

The patients' pets were also contemplated with visitation. The criterion for the patient to receive the pet visit is that the family is available to bring it, and that the animal is vaccinated.

And as for the music circle, it started voluntarily once a week in the ICU and was composed of musicians from the care team itself, and has become an activity that takes place at least 1 to 2 times a week, both for patients and for the families. A song is dedicated to each of the patients, as explored in their preferences, regardless of whether the patient is awake, sedated or unconscious.

Through these affective stimulations, through reports from family members and patients, a decrease in anxiety, pain and less depersonification was observed. The team observed less need for restraint and sedation, with fewer episodes of *delirium*. There was also greater interaction between staff, patient and family.

DISCUSSION

Several factors contribute to making the ICU a depersonalized place, in which the patient experiences fears and uncertainties about their serious organic disease, with deprivation of sensory stimuli and their autonomy (COSTA, 2014). Therefore, humanizing care in this environment is crucial, focusing care on the person, seeking to minimize the negative impacts for all involved: patients, family members and professionals (ROBINSON et al., 2018).

With the purpose of focusing care on respect, empathy and humanization, affective stimulation strategies are increasingly studied and guided within ICUs.

Humanization must be present from the reception and reception of the user in the hospital, to the planning and management of actions and strategies, be they promotion, prevention and/or rehabilitation. Humanization needs to be focused not only on valuing hospitalized patients and their families, but also on the health team itself, since it will be through the effective and affective interrelation between them that care can be developed in a more humane way, ethics and solidarity (COSTA; FIGUEIREDO; SCHAURICH, 2009).

Organizations around the world have sought to incorporate humanized care as a routine in intensive care. The HU-CI – *Humanizando los Cares Intensivos,* from Spain, is a group composed of a multidisciplinary team focused on humanization strategies in ICU environments and serves as a guide for Brazilian professionals (HU-CI PROJECT CERTIFICATION WORKING GROUP, 2019).

In 2018, the SCCM (*Society of Critical Care Medicine*) published the "Clinical Practice Guidelines for the Prevention and Treatment of Pain, Agitation/Sedation, *Delirium*, Immobility and Sleep Interruption in Adult ICU Patients. One way of implementing these guidelines is the "ICU Liberation" program, which has strategies to help the patient to be "released" from the ICU as soon as possible. The objective of this program is to mitigate the adverse events associated with critically ill patients, such as pain, agitation and delirium and, for this, it has the ABCDEF bundle (DEVLIN et al., 2018; MARRA et al., 2017; SANTOS, 2020). *Family involvement in the care of critically ill patients* is one of the pillars of this bundle, comprising the letter F of it (*Family engagement and empowerment*) (ROBINSON et al., 2018).

The extended presence of the family member in the ICU brings many benefits to patients and their families. This practice allows the companion to provide more support to their sick family member, reducing their anxiety, in addition to improving communication with the care team (RAMOS et al., 2014). In the professionals' experience, the family presence reduced anxiety both for patients and for the family itself, which could participate more in care and also allowed farewells and better processing of grief.

In addition to the extended family visit, another practice that has provided a more familiar environment for the patient is the visit of pets. Contemporary families do not represent only nuclei formed by human persons. The evolution of the concept of family ended up broadening its content and bringing the presence of animals into its intimacy. Currently, domestic animals or "pets" are inserted in our society, configuring components of a family model called "multispecies" within which affection permeates the human-animal relationship (BELCHIOR; DIAS, 2020).

Pets can positively affect the health of their guardians by reducing damage and actively participating in therapeutic plans (HODGSON et al., 2015). One of the hypotheses raised in

a research to explain the beneficial action of the interaction between humans and their pets in mental illness would be the increase in the production of oxytocin. It is known that this hormone, among other actions, can contribute to reducing stress, blood pressure, and anxiety, also helping to improve self-confidence, memory and learning. This same research showed that close and repeated interactions with pets trigger sustained release of oxytocin (BEETZ et al., 2012).

The presence of pets was always very beneficial to patients, family members and staff. Bringing not only a therapeutic animal, but the patient's own pet, brings a sense of belonging, personification and individualization of their care.

Another way to add humanization to health care is through music. This ancient art that emerged on the African continent, through the combination of sound and silence, is able to awaken different feelings, among them tranquility and well-being (CHLAN et al., 2013).

Chlan et al. (CHLAN et al., 2013), in a randomized clinical study, evaluated the impact of listening to music by patients in intensive care. The results showed that there was a reduction in anxiety and exposure to sedatives in critically ill patients during ventilatory support compared to usual care. The conclusion of this article pointed to music therapy as an ideal non-pharmacological measure to help patients better tolerate mechanical ventilation. Similar results were experienced by the ICU care team.

Therefore, music is an effective non-pharmacological approach to pain control, and the music circles proposed by the team brought moments of coziness, relaxation and tranquility to patients, mainly because it is characterized as a method of distraction and presents a high level of of acceptability by patients (VERAS et al., 2021).

With these forms of humanized care, patients admitted to the ICU are more affectively stimulated, and have fewer episodes of Post Intensive Care Syndrome (PICS - *Post Intensive Care Syndrome*) (GOMES et al., 2022).

As already mentioned, critical illness survivors are at risk of experiencing significant physical, cognitive and psychological problems after discharge, through Post Intensive Care Syndrome (PICS). The main psychological conditions described in this syndrome are anxiety, depression and post-traumatic stress disorder (PTSD) (HATCH et al., 2018).

The ICU, being a restricted environment, in which the patient is deprived of sensory stimuli and is weakened by his illness, favors the construction of traumatic memories and PICS. Thus, humanized interventions, based on affective stimulation such as a pet visit, extended family presence and music circles can contribute to making the experiences and memories of the ICU stay less impactful.

CONCLUSION

Humanization within intensive care translates into valuing each person in a unique way, respecting their preferences, their biography and their affective needs. The engagement of the multidisciplinary team at the ICU of a municipal hospital demonstrated that interventions such as pet visits, extended family presence and music circles have a positive impact on the patient's evolution, reducing pain, anxiety, restraints and sedation. These strategies not only recognize the individuality of each patient, but for families it was a way to feel more present in the care and to help with goodbyes and mourning. For the team, they were ways to feel more empathetic with the family and the patient.

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