

## THINKING ABOUT INTENSIVE CARE NURSES' WAYS TO DELIVER CARE BASED ON THE CONCEPT OF STYLE

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**ABSTRACT:** Theoretical reflection, whose objective is to analyze nurses' ways of acting of in intensive care, in the reference framework of the care style notion. The construction of the study was based on critic readings and analysis of publications in electronic databases about style, linked to the health field and nursing care. Care styles are the different lines of action nurses follow in specific care settings, with individual and collective influences. Therefore, nurses' ways of action, highlighted by a greater or lesser expression of objectivity/subjectivity, need to be discussed within the meaning assigned to customer care practices in intensive care. In conclusion, the analysis of nurses' performance in this scenario should include the subject as a social actor in the elaboration process of ideas.

**DESCRIPTORS:** Nursing. Intensive Care Units. Biomedical technology. Nursing care.

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## PENSANDO OS MODOS DE CUIDAR DA ENFERMEIRA INTENSIVISTA A PARTIR DA NOÇÃO DE ESTILO

**RESUMO:** Reflexão teórica, cujo objetivo é analisar os modos de agir da enfermeira na terapia intensiva, tomando como referência a noção sobre estilo de cuidar. A construção do estudo baseou-se em leituras críticas e análise de publicações captadas em bases de dados virtuais sobre estilo, articuladas com a área da saúde e o cuidado de enfermagem. Estilos de cuidar são as diferentes linhas de ação seguidas pela enfermeira em determinados ambientes de cuidado, com influências individuais e coletivas. Diante disso, os modos de agir das enfermeiras, marcados por uma maior ou menor expressão da objetividade/subjetividade, precisam ser discutidos a partir do sentido atribuído às práticas de cuidado ao cliente na terapia intensiva. Conclui-se que a atuação da enfermeira neste cenário deve incluir na sua análise o sujeito como ator social no processo de elaboração das ideias.

**DESCRIPTORES:** Enfermagem. Unidades de Terapia Intensiva. Tecnologia biomédica. Cuidados de enfermagem.

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## PENSANDO EN LAS MANERAS DE CUIDAR DE LA ENFERMERA DE TERAPIA INTENSIVA DESDE LA PERSPECTIVA DEL ESTILO

**RESUMEN:** Reflexión teórica, cuyo objetivo es analizar las maneras de actuar de la enfermera en la terapia intensiva, desde la perspectiva del estilo de cuidar. El estudio se construyó basado en lecturas críticas y análisis de publicaciones captadas en bases de datos virtuales sobre estilo, articuladas con el área de la salud y la atención de enfermería. Estilos de cuidar son las diferentes líneas de acción seguidas por la enfermera en determinados ambientes de atención, con influencias individuales y colectivas. Delante eso, las maneras de actuar de las enfermeras, marcadas por una mayor o menor expresión de la objetividad y subjetividad, necesitan de ser discutidas teniendo en cuenta el sentido atribuido a las prácticas de atención al cliente en la terapia intensiva. Se concluye que la actuación de la enfermera en este escenario debe incluir en su análisis el sujeto como actor social en el proceso de elaboración de las ideas.

**DESCRIPTORES:** Enfermería. Unidades de Terapia Intensiva. Tecnología biomédica. Atención de enfermería.

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## INTRODUCTION

In intensive care sectors, nursing care demands skills to deal with complex situations, including speed and precision, which generally are not needed in other hospital units. This requires competency to integrate information, build judgments and set priorities.

Particularities exist in nursing care delivered at Intensive Care Units (ICU) as, besides the use of equipment and material, clients come with inherent characteristics that differ from clients hospitalized at other units.<sup>1</sup>

Hence, nursing care practices in these settings involve different dimensions, related to the presence of technology, the need to keep up with the speed of knowledge advances, the balance between human and technological aspects, constant client monitoring, interpretation skills, all of which influence in the form of requirements for nurses' professional activities.

The meaning granted to each of these dimensions can affect subjects who deliver care in different ways and is reflected in professionals' ways of acting. Consequently, we depart from the understanding that nursing care practices in intensive care has multiple sides, which determine requirements in nurses' professional activities, so as to respond to different client care-related demands. In view of these requirements, nurses, in turn, behave differently, which means that they present different ways of acting, which influence the quality of care delivery and can entail benefits or losses.

One of the characteristics of these distinguished ways of acting is related to the objectivity/subjectivity versus technology interface involved in Intensive Care (IC) nursing practices. IC experts have been discussing this objectivity/subjectivity relation in client care, indicating the importance of heeding these elements in nurses' actions in the study context.

As for objectivity, the large majority of the technical devices clients use, like monitoring systems for example, is equipment that provides exact and precise information on the biological variables, permitting the monitoring of patients' clinical evolution and supporting timely decision making. Hence, at units where a lot of technology exists, reliable and continuous

information can be obtained within a short time period, based on the communication established with the machines, which therefore demands specialized knowledge.

ICU nursing can be neither considered nor practiced without the incorporation of technology. In these environments, nurses "get connected" with the machines and, through the data they provide, in combination with their observation and analysis, they are able to translate the signs the client's body issues.<sup>2</sup>

Also, we believe that a technological language exists, which nurses need to understand, involving the observation of objective and subjective data. This would permit a nursing care model whose main function is to monitor, follow and intervene through the identification of organic vital function alterations that can lead to critical patients' death.<sup>3</sup> Therefore, it is emphasized that professionals need to master technology in the hospital context in order to guarantee safe and effective care without causing stress for the subject who handles it, guaranteeing that humanitarian values prevail over technical practices.<sup>4</sup>

Regarding the study of subjectivity in technology-mediated care, professionals should also develop a care practice oriented towards human beings' singularity, instead of a mechanical practice. Nurses who deliver care need to put themselves in the other persons' place, with a view to understanding their difficulties and demands.<sup>5</sup> Nurses should heed their activities in the intensive care context, the expressive aspects, in the attempt to reduce the great emphasis that is currently put on instrumental and technological procedures undertaken in the care process. This overvaluation ends up distancing nurses from clients and, in turn, maintains their participation in clients and relatives' hospitalization experience at a technological unit in the background.<sup>1</sup>

In view of the above, some implications of objectivity/subjectivity are perceived, related to the use of technology in nursing care practices, which also gain strength in other experts' discourse.<sup>3,6-8</sup> Those authors indicate signs of action types that are marked by the devaluation of expressive aspects in technological care as well as by greater concern with the risks health professionals'

inappropriate technology use entails, harming clients' lives, and therefore illustrating the need to master these technologies.

Based on the above, IC nurses tend to present distinguished action perspectives. Thus, the idea is defended that nurses' actions represent care styles. At first, these care styles can be understood as the different lines of action nurses follow in certain care environments, like in intensive care, including both individual and collective influences.

Today, issues related to nurses' professional actions in intensive care are on the agenda, questioning the value granted to the knowledge needed to work in this scenario and the importance of heeding the expressive elements involved in the nurse's care relation with the client.

In that sense, in the attempt to contribute to the debate on the theme and support a broader discussion, the aim is to develop a theoretical reflection on nurses' ways of acting in IC, within the reference framework of the care style notion.

To reach this objective, electronic and print articles were surveyed, which addressed style in connection with the health area and specifically with nursing care. In addition, publications were used that discussed nursing care in the intensive care context. The databases used for this survey were LILACS, SciELO and BDENF, with the descriptors *tecnologia biomédica*, *enfermagem*, *unidades de terapia intensiva*, *estilo* and the Boolean operator and. The survey resulted in 15 articles, selected based on their adherence to the proposed reflection and debate. The discourse was constructed through critical reading of the articles' contents, extraction of the main ideas that supported the reflections, and an analysis that departed from the understanding of style in different knowledge areas, in the attempt to reach a care style concept that would permit the discussion of nurses' activities in intensive care sectors.

Such reflections on care styles are very important, as a significant number of study published in Brazilian literature in the area remains limited to a discussion about humanization, that is, the close inter-relation between technology and the idea of dehumanization, described as an intensive care characteristic. In that sense, this study provides support with a view to a more solid dialogue on care processes in IC.

## ABOUT THE IDEA OF CARE STYLES IN NURSING: AN INITIAL APPROACH

### Style in knowledge areas

A historical retrospective reveals the evolution in the meaning of the word style. The term style originates in the Latin word *stylus*, used in Classical Antiquity to indicate a written composition mechanism. In Antiquity, writing in a specific way was applied to refer to the way of speaking: the science of rhetoric. The term *genres* or *genera* was used in Pliny and Vitruvius' visual arts to classify the Dorian, Ionic and Corinthian styles. Gender continues until today with the same sense of classifying biological classes.<sup>9</sup>

In the 16<sup>th</sup> century, Vasari used the term *maniera* to name what common sense designates as style today, that is, the style of a given artist, period or nation. The term *genre* was used in French culture at the end of the 16<sup>th</sup> and in the 17<sup>th</sup> century as an equivalent of style, in art in general and painting in particular. In the 18<sup>th</sup> century, Winckelman established how art history understands the term style, which indicated the expression of an entire culture in a given development period.<sup>9</sup>

In the 18<sup>th</sup> and especially in the 19<sup>th</sup> century, the term gained a heuristic function and started to be understood as a classification and valuation instrument for artistic artifacts. This permitted naming artistic manifestations of different origins, as well as judging or evaluating beauty standards according to their proximity to the classical style. Thus, the closer or the more derived from classical shapes, the more beautiful the style was.<sup>9</sup>

Despite being used in arts to designate coherence between art works produced by a given school or group of artists, in a specific time period or geographic region, the style concept is frequently used to characterize phenomena and actions in different scientific areas. In this perspective, experts have been considering, for example, that the idea of paradigms in sciences can be understood as a scientific thinking style.<sup>9</sup>

When a style concept is established, in fact, elements are joined to organized or classify objects and human actions that would be distributed in a disorganized way in the world of phenomena. One can only talk about individual

objects when a class exists it would belong to, setting a conceptual limit for their existence as individuals. In case there is no class to include it in, its originality and perhaps the start of a new class of objects are supposed.<sup>9</sup>

In linguistics, the notion of style has been studied in areas that are concerned with the expressive particularities of certain authors, poets and artists in general, or with the sets of characteristics that define artistic movements – period styles – like in the case of romanticism, impressionism, cubism, among others. Although not just connected to style, a close relation exists between style and individuality, that is, it refers to idiosyncrasies, to a given person's way of expressing him-/herself. From a linguistic viewpoint, studies indicate that the idea of style points towards its understanding in function of the text and its organization forms, considering the possibilities the language offers.<sup>10</sup>

In this area, two possible definitions of the term style exist, that is, on the one hand it is directly related to individual productions or a set of productions from different moments, linked with art in general or exclusively with someone's personality. On the other hand, in a more daring sense, style can be considered as the set of different textual instances that imply choices, considering the different options the linguistic system offers.<sup>10</sup>

In dictionaries of literary terms, style has been considered as a way or means of translating thoughts into words; a specific form of construction and expression in written and oral language; characteristic of literary work that is more related to its form of expression than to the contents of its ideas. This work also highlights that one cannot satisfactorily define style, although different experts have already tried this, by referring to it as the garment of thinking; the higher morality of the spirit; thought in language; the right words in the right places; style is man.<sup>10</sup>

One point of agreement is appointed through, in which what one says and how one says it are basic elements of style. Hence, style can be understood as the mark (influence) of the writer's personality on the subject (s)he addresses.<sup>10</sup>

In Archeology, the notion of style has also been widely debated on, due to the infinite variation of artifacts recovered from archeo-

logical sites. The physical description of objects is an essential condition for their study, as it is only through this description that ranking terminologies and principles can be developed, for generalized understanding and use by different researchers. In the categorization process of these artifacts, archeologists, anthropologists and historians can use the idea of style as a reference.<sup>11</sup>

In this perspective, Archeology experts are defining style as a way of doing something or, mainly with regard to intentional and structured choices based on possible alternatives, in the creation of variability within a corpus of behaviors/artifacts. These choices refer to form, process or principle, function, significance and influence dimensions.<sup>11</sup>

In a review of style among ethnoarcheologists, the following is highlighted: “estilo é a variação formal na cultura material que transmite informações sobre a identidade pessoal e a social; estilo é uma maneira altamente específica e característica de se fazer algo sempre peculiar a específicos tempo e espaço; estilo é a parte da variabilidade formal, na cultura material, que pode ser relacionada a participação dos artefatos nos processos de troca de informação; o estilo é uma manifestação formal e extrínseca do padrão intrínseco”.<sup>12:170-1</sup>

In the health area, some researchers are investing in studies about style, mainly with regard to subjects' lifestyle in the health/disease process.

Thus, this lifestyle refers to habits that are constructed throughout the socialization process which, as a rule, is related to free will, in the context of which people have some control over their options. The adoption of certain ways to take care of the body, activity, sedentariness, hygiene, types of foods consumed and ways of eating, respect for times, sleep and rest, use and abuse of alcohol, tobacco and other drugs, relationship forms, use of safety measures to prevent accidents are some examples of people's lifestyles that are closely connected to the population's health conditions.

Lifestyle can be conceptualized as the way people live and the choices they make, influenced by the situation context, regional culture, family and social habits, as well as by accumulated knowledge on health. Then, lifestyle refers to

understanding how the subject relates to him-/herself, nature and other people. Hence, the construction of a healthy life is closely related to the habits the individual adopts in daily reality.<sup>13</sup>

### **In search of the notion of care styles**

In nursing, studies to understand style are related to the different care styles nurses adopted in the context of health care sectors. In a study of what care styles exist and the characteristics of the care styles nurses and their nursing team develop for clients with acute asthma crises, initially, based on empirical observations, different care styles are perceived, which nurses apply to clients suffering from asthma crises. There are nurses who deliver care by closely following the nursing care protocol for clients with respiratory failure, while another group of professionals not only complies with the protocol, but also develops personalized care, based on sensitivity and empathy, respecting the human person and dignity; and a third group of professionals follows only part of the protocol.<sup>14</sup>

The results of that research indicated that nurses revealed concrete forms and ways of thinking, feeling and acting in care delivery and daily care at the Emergency Unit. This situation determines nurses' care styles, highlighting five branches: knowing the client; the signs and symptoms of the body; care as clinical therapeutic action; dialogue as care and touch as therapeutic care.<sup>14</sup>

Thus, the thesis is defended that a care style exists which nurses and their nursing team practice at the Emergency Unit involving clients with acute asthma crises, which involves subjective (sensitive) and objective (concrete) dimensions, and that this style contributes to improve asthma patients' clinical evolution.<sup>14</sup>

At the heart of this discussion about care styles, mothers' care style to respond to their children's needs and socialize them, integrating them into the adult world, derives from an information accumulation process that is transmitted from generation to generation. Knowledge transmission varies in function of the social and cultural context and values that permeate a given society at a specific historical time. Hence, nurses need to learn how to work with clients' beliefs and prac-

tices, respecting their attitudes and behaviors, with a view to a better understanding of the mother's care style, in the attempt to avoid depreciative or disrespectful evaluations.<sup>15</sup>

Thus, the socialization process is marked by differences, related to the cultural divergences inherent in the social groups people are inserted in. Hence, the care style emerges as a product of the culture in which the child interacted and got socialized and educated.<sup>15</sup>

Also contributing to the debate, the study of nurses' social representations about existing technology in the intensive care context evidenced that, depending on their mastery of specialized knowledge, inherent in nursing and the machinery, they adopt particular forms of acting towards clients who use technological devices. Thus, nurses are distinguished in two categories according to the duration of their professional experience: newcomers and veterans, marked by opposite characteristics like distancing/approximation; fear/security; harm/benefits; unknown/familiarity. These elements, in turn, influence the quality of client care delivery, producing positive and negative repercussions, mainly in terms of risks and benefits. All of these characteristics seem to represent the possibility that care styles also exist in the intensive care context.<sup>6</sup>

Based on this discussion, some comments can be made on the notion of care styles in nursing. Nursing care is the work object of the profession, and belongs to two distinct dimensions: one objective and the other subjective. The objective is related to the sphere of specialized knowledge, techniques and instrumental procedures.

The subjective, then, is based on sensitivity, creativity and intuition to take care of the other beings. Thus, the following are fundamental elements of care: form, way of delivering care, sensitivity, intuition, 'doing with', cooperation, availability, participation, love, interaction, scientificity, authenticity, involvements, a shared bond, presence, empathy, commitment, understanding, mutual confidence, setting limits, valuation of potentials, the view of the other as unique, delicate touch, respect for silence, receptiveness, observation, communication, human warmth and smiling.<sup>16</sup>

Reflections on nursing care, based on an ethical-political and historical-philosophical dimension, highlight the importance of nursing care in the promotion of citizenship, that is, nursing care should be aimed at maintaining or restoring an optimal health conditions, so that individuals can practice their rights as citizens, potentiating their social existence. Nursing care should seek the subjects' autonomy in their social life, in a humanization process of life.<sup>17</sup>

Thus, when considering ways of delivering care in nursing, one needs to understand the sense and meaning granted to this care, what dimension it assumes from a political and social viewpoint, how it influences citizens' lives. Hence, care is not just an instrumental/operational act, but a process oriented towards human life. The ways of care delivery, in turn, are not neutral but based on theoretical-philosophical reference frameworks that guide the choices made by whoever delivers the care.<sup>17</sup>

In this sense, nursing care forms need to be considered based on the theoretical-philosophical framework adopted, which derives from personal and collective reflections and permeates the relevance of this care in the socio-political context it is inserted in.

All of this permits the definition of care styles, in the ongoing discussion, as the different action perspectives nurses adopt to attend to clients in certain care environments. Based on its specific characteristics, the environment provides elements that compose these styles, and these are expressed in the framework of the meaning the care practices assume for the subject. Therefore, these styles join specific elements, according to the context the care is processed in.

Care styles, then, result from the way nursing considers care practices in specific contexts, materialized into ways of doing. These involve characteristics and marks that constitute a system the subject has deliberately structured to take care of the clients.

### **THE REFLECTION: THINKING ABOUT NURSES' WAYS OF ACTING IN THE LIGHT OF CARE STYLES**

In view of the notion of care style presented, the intent is to contribute to the analysis on nurses'

activities in intensive care. To illustrate the proposed debate, the results of a research were used that was aimed at identifying nurses' way of acting in care delivery to clients who use technological devices, based on their social representations about technology.<sup>18</sup>

This study signals the possibility that there are two forms of nurses' actions, which were called care and technological action. Technological care is a distinguished form of care, marked by nurses' further knowledge application, which guides her attention in search of objective and subjective data originating in the client, as well as objective data deriving from the machinery. In this type of care, nurses should fundamentally be able to hold knowledge about the machines (handling/mastery), about the physiopathological aspects of the disease in course, as well as semiologic knowledge, allowing them to establish the interfaces between the signals and symptoms referred or presented, the information originating in the machinery and the clinical manifestations of the disease, linking them with the fundamental elements of nursing care, which include touch, audition, observation. By joining these skills, they are able to deliver this technological care.<sup>18</sup>

In technological action, care is only guided by the information deriving from the technological apparatus, without observing the data provided by the focus on the client. In this perspective, professionals only let themselves be guided by the machine, without interlocution between the focus on the client and the focus on the devices. This can entail harmful consequences for the client, as the machine also fails and, in this sense, can cause harm. In addition, care that is instructed by technology only does not correspond to all of the individual's demands, and is therefore not holistic.<sup>18</sup>

In view of these results, and considering the understanding about care styles, these ways of acting evidenced in the research need to be discussed based on the meaning attributed to care practices directed at IC clients. That is so because one can perceive that the characteristics of the care practices inherent in these environments, marked by advanced technologies, immediately influence the subject who delivers care - the nurse - in order to respond to the different demands that emerge in this process within a

holistic perspective. Thus, it is considered that the requisites of nursing care practices in intensive care, because of its attributes, mainly because of the machinery's intermediation, arouse internal and external dialogues in the nurses, which end up producing distinguished meanings of the action for the client.

Thus, nurses construct ideas about their care practices in intensive care that end up directing actions towards the clients, representing an object of psychosociological knowledge. Considering that care styles contain a dimension of the subject who delivers care, but also reveals the social marks of shared ideas, the position is defended that conversations on care practices in intensive care conditions specific action modes, determining care styles. This means that care practices are social representation phenomena.

This assertion is justified as the fact of having to take care of clients who are frequently at risk of death, who use devices that (help to) maintain various organs functioning, and that demand knowledge for their correct handling and interpretation of the data produced, in combination with the need to preserve human aspects, raises debates about nurses' ways of acting in this context, arouses positions, reflections, opposite ideas, in short, opinions.

This means saying that the different forms ICU client care can take lead to the mobilization of information and ideas in the group of current and future intensive care nurses. Hence, as the representation is collectively elaborated, based on daily exchanges and practices in a given historical context, it ends up providing support for judgments and attitudes. The representation serves as a background for individuals' attitudes, giving meaning to the universe that is experienced.<sup>19</sup> In this sense, based on the circulation of information about intensive care practices, an idea is organized about it, which conducts choices on the nurses' action perspectives, which will characterize the care styles. In addition, the culture of the profession, in combination with the subjects' earlier experiences, are elements that contribute to the formulation of the notion about nursing care practices.

Therefore, it is considered that Social Representations (SR) are a practical knowledge form, which establishes links between subjects'

thoughts and actions, helping them to get oriented in the world. The objects of SR are socially relevant and part of social subjects' daily discussions and conversations.<sup>20</sup> Nursing care practices in the intensive care universe matter for nurses, mainly for those professionals who deal with them in their daily professional practice. An imaginary exists about nurses' ways of acting towards intensive care clients, particularly the relation they establish with technology in care. Considered complex, challenging, admired or feared, intensive care practices are an object of SR for the group of nurses and exert influence in the form of care styles.

Thus, understanding how nurses represent their care practices provides support to get to know the elements that are part of their thinking about these practices and how they influence the way they act towards hospitalized clients, with a view to understanding why and how certain care styles are configured. Hence, in the analysis of nurses' actions in intensive care, considering their ways of acting, marked by a greater or lesser expression of the objectivity and subjectivity involved in care, should take into account the subject as a social actor in the elaboration process of ideas. Regarding the study referred to, the technology (machinery) inherent in the intensive care environments may be orienting the establishment of certain care styles in nursing, in this case care and technological action.

In the light of the above, another perspective on professional action in IC is launched, permitting a better understanding of certain care styles, like styles marked by the nurses' greater approximation or distancing from the client, attention to and care with machinery, among others, which are frequent sources of criticism. The possible contribution of this reflection on nursing actions and nursing care is that it arouses a discussion that involves professional qualification, specialized education and care quality.

## FINAL CONSIDERATIONS

The defense proposed in this paper, guided by the care styles concept, raises possibilities for research aimed at describing the elements of nursing care practices in sectors like intensive care, furthering knowledge on the characteristics and

peculiarities of how nurses take care of clients, contributing to a better care practice design in this activity area. This, in turn, in accordance with the theme area the study is part of, offers theoretical advances for the conceptual framework of nursing fundamentals, mainly in the research area about Fundamental Nursing Care and Technologies.

Considering that care in the IC context is delivered with the help of devices and machines that contribute to the client's life maintenance or support, the analysis of care processes in the light of the theoretical-conceptual link permits greater approximation with what is considered as fundamental care, that is, the care aimed at promoting the preservation and protection of life, comfort and well-being for human being.

In addition, based on the characterization of the care styles, a clinical nursing care practice can be outlined that attends to the specific nature of the IC context. In other words, based on the understanding presented here, nurses' habitual ways of acting towards clients in the IC context can be described, with a view to a deeper and better understanding of nursing care, the "touchstone" of fundamental nursing, very relevant to further science in this knowledge area.

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