

WHEN BODY CARE IS NOT ENOUGH: THE EMOTIONAL DIMENSION OF NURSING CARE

QUANDO CUIDAR DO CORPO NÃO É SUFICIENTE: A DIMENSÃO EMOCIONAL DO CUIDADO DE ENFERMAGEM

CUANDO CUIDAR DEL CUERPO NO ES SUFICIENTE: LA DIMENSIÓN EMOCIONAL DE LA ATENCIÓN DE ENFERMERÍA

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ABSTRACT

Nursing care is the central theme of the practice and nursing research. It has been developed and refined over time through theories able to direct the actions of the nurse. The objective was to discuss the emotional dimension of nursing care from the nursing theories, the emotional dimension of nursing care and emotional work of nurses. The nursing theories point to the emotional or subjective aspect of care and recognize these values the greatest merit of professional acting. Nursing, as the science of care, can not remain indifferent to human emotions, because the care process is relational. The emotions are always present in care relations and give humanity to nursing actions. The emotional work is needed in the nursing routine because at the same time it needs to approach the individual to take care of, should protect yourself from negative emotions that interfere with their emotional balance or the quality of care. It concludes that the emotional dimension of nursing care permeates many nursing work balls and recruit skills as sensitivity, empathy, professionalism and managing emotions.

Keywords: Nursing; Nursing Care; Nursing Theory.

RESUMO

O cuidado de enfermagem é tema central da prática e pesquisa em enfermagem. Tem sido desenvolvido e aperfeiçoado ao longo do tempo por meio de teorias capazes de direcionar as ações do enfermeiro. Objetivou-se discutir a dimensão emocional do cuidado de enfermagem a partir das teorias de enfermagem, da dimensão emocional do cuidado de enfermagem e do trabalho emocional do enfermeiro. As teorias de enfermagem indicam o aspecto emocional ou subjetivo do cuidado e reconhecem nesses valores o maior mérito do agir profissional. A enfermagem, como ciência do cuidar, não pode permanecer indiferente às emoções humanas, pois o processo de cuidar é relacional. As emoções estão sempre presentes nas relações de cuidado e conferem humanidade às ações de enfermagem. O trabalho emocional se faz necessário no cotidiano do enfermeiro, pois ao mesmo tempo em que este precisa se aproximar do indivíduo para cuidar, deve se proteger de emoções negativas que interferem em seu equilíbrio emocional ou na qualidade da assistência. Concluiu-se que a dimensão emocional do cuidado de enfermagem perpassa por diversas esferas do trabalho do enfermeiro e recruta habilidades como sensibilidade, empatia, profissionalismo e gerenciamento de emoções.

Palavras-chave: Enfermagem; Cuidados de Enfermagem; Teoria de Enfermagem.

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RESUMEN

El tema central de la práctica y de la investigación en enfermería trata sobre los cuidados de enfermería. Con el tiempo, éstos se han desarrollado y perfeccionado a través de teorías capaces de conducir las acciones de los enfermeros. Aquí se intenta discutir la dimensión emocional de la atención de enfermería de las teorías de enfermería, de la dimensión emocional de los cuidados y del trabajo emocional de los enfermeros. Las teorías apuntan al aspecto emocional o subjetivo de los cuidados y reconocen que tales valores son el mayor mérito de la actuación profesional. Enfermería, como la ciencia de la atención, no puede permanecer indiferente a las emociones humanas porque el proceso de atención es relacional. Las emociones están siempre presentes en las relaciones de cuidado y les otorgan humanidad a las acciones de enfermería. En la rutina de enfermería debe trabajarse la dimensión emocional porque, al mismo tiempo que el enfermero necesita acercarse a la persona para cuidarla, debe protegerse de las emociones negativas que interfieren con su equilibrio emocional o con la calidad de la atención. Se concluye que la dimensión emocional de la atención de enfermería atraviesa varias esferas de las tareas de enfermería y aún habilidades tales como sensibilidad, empatía, profesionalidad y gestión de emociones.

Palabras clave: Enfermería; Atención de Enfermería; Teoría de Enfermería.

INTRODUCTION

Care for Nursing is the essence of its practices and the object of study of its theories. It is its predominant aspect and distinguishing it from other professions in the health area. It can be defined as art, technique, intuition and sensitivity.¹

At first, the nursing care activities little differed from the human, family and affection care because the practice was characterized by an instant, unplanned, and not standardized action. Each professional developed his way of caring, distanced from technics and any theoretical base.

In more recent times, the nursing sought to improve and find definitions that became its singular practice. Thus, it established a specific body of knowledge that characterized it as a profession and as a science. Today, nursing can be defined as a science and art that turns to a physical, psychological, social, cultural and spiritual human being. As science, it is based on a broad theoretical reference, and as art, it is expressed in the skills of nurses to care.²

As the nursing care object, the human being is understood as a biopsychosocial being, consisted of a body, soul, and spirit, needing to care for in all his complexity. However, assisting all human complexity is a challenge for nurses because the demands never cease and may not be met in full.

Care needs to go beyond the reductionist view of care to the patient or illness person, but it has a focus on health from the holistic perspective.³ Therefore, providing human and comprehensive care is essential without considering the subjective aspects of his humanity. During the disease process, when there are weaknesses, fears, anxieties and discomforts, the emotional care of the human being is most needed.

The nurse must move from the position of those who already have ready answers to the health problems of the individuals to care from the perspective of emotional health. Often, it is necessary to renounce to speeches, justifications, the desire to explain, convince and be the one to solve the suffering of others. More than that, people require individualized, im-

plied, and deep care. They need a professional who stays next door, which inspires confidence and who also has charisma, love, compassion besides scientific knowledge.

In the Subject "Critical analysis of Nursing and Health Clinical Care" of the Graduate Program in Nursing and Health Clinical Care, the theoretical aspects of nursing care and its various dimensions were discussed. The emotional dimension of nursing care stood out for the daily need for this expertise in clinical practice. It was observed that nurses must deal daily with people in physical and/or psychological suffering, leading the nursing staff and even managing their emotions to assist/manage of quality.

By understanding the importance and the existence of a scientific basis highlighting emotional care provided by nurses, it was aimed to discuss the emotional dimension of nursing care from nursing theories, the emotional dimension of nursing care and emotional work of nurses.

DIRECTING THE EMOTIONAL CARE THROUGH THE NURSING THEORIES

Historically, nurses had little care to the emotional elements of their practice.⁴ However, nursing theories provide a reference for the profession that redirects the professional view to identifying care needs and reorient their practice.

The nursing theories and scientific production arising from them have been strongly focused on issues related to the "humanization" of care to assist the patient in general, in a closer and solicitous manner as possible and enabling a quality care.

One of the pioneers theoretic in changing this paradigm was the psychiatric nurse Hildegard Elizabeth Peplau. In the 40's, she built the Theory of Interpersonal Relationships, in which it allowed the nurse to transcend the physical care and approach a singular and subjective care in the psychological distress. The patient is considered no longer as an object of his practice, but as a subject, active in the production of life.

Peplau defined nursing care as an interpersonal relationship between the nurse and the patient, providing them learning and personal growth. In this relationship, the nurse uses his knowledge to help the sick person to his needs.⁵

Madeleine Leininger criticized the merely positivist ideals of health/disease oriented research and nursing practices in her time. From the belief that care is the essence of nursing and its main dominant and unifying focus, deeply influenced the profession and proposed that care was studied under a humanist, philosophical and social perspective.¹

Leininger and other theoreticians were influenced by human sciences and proposed care based on their theories, such as: Watson, who said that the practice of care is the core or essence of nursing based on interpersonal relationships permeated by emotions, feelings, affection and acceptance, resulting in the satisfaction of human needs.⁶

Also, for Joyce Travelbee, the person relationship is the basis for a singular care. From the interpersonal relationship, a harmonious environment provides opportunities to understand the significance of the disease and overcoming the suffering it caused.⁷

Among many other nursing theories, these theories enhance the emotional or subjective aspect of care, recognizing these values as the greatest merit of professional action.

THE EMOTIONAL DIMENSION OF NURSING CARE

The emotional dimension of nursing care has several forms of care. It is difficult to identify it in the literature when seeking it with the term of emotional dimension but easily found about the subjective or emotional care. It can be defined as the care that goes beyond the body and treatment happens in the encounter between two people, one seeking to assist the other's needs using scientific instruments and especially a sensitive and human position.

It must be an interrelationship between the objective scientific care and subjective, affective and involved care. This care includes a closer view at the different aspects of humanity because besides a technical care on scientific principles based, it needs to be involved with tenderness and respect.

Some of the skills that nurses are encouraged to grow in the care are empathy, love, devotion, and understanding. That is everything that connects them emotionally to the subject focus of care.

As a science of care, nursing cannot remain disconnected or indifferent to human emotions, because the care process is relational and the relationships are a means of communication and release of human feelings.⁶

The emotions are always present in care relationships and give humanity to nursing actions since the care only

exists if there is involvement, interest, and commitment to know the subject.

The art of caring requires empathy, that is the involvement and participation in the experience of the other, understanding the meaning and experience of their suffering and anguish for solidarity.¹

The nursing care of patients with complicated health situations requires the nurse provision and balance offering support and comfort in addition to basic health care.

In situations where a cure is no longer a possibility, emotional care is even more necessary. Therefore, the emotional dimension of the patient should be a central role in the assistance offered by health professionals along with the expert control of pain and symptoms.⁸

The therapeutic potential of interpersonal engagement among nurses and patients is a possible intervention and listening space since nursing is the profession whose priority characteristic is to remain with the patient developing care. Performing nursing care from an emotional dimension means going beyond the obvious. It is to be able to detect and recognize the subjective behind the words and be aware and sensitive to every gesture, gaze, and expression.

The attention to higher human needs requires active listening and more prolonged interactions that allow the formation of therapeutic relationships, bonding, and trust. Thus, health care is adjusted, so the individual becomes the center of the care process, participating in its planning and execution.⁹

THE EMOTIONAL WORK OF NURSES

In a different perspective, an analysis of the idea of care of Paul Ricoeur has identified the need to start the sympathy of the tendency to boundless affection, which does not recognize where it ends the "I" and "other" starts. He states that to be empathic, getting lost in the other or absorb it in ourselves should be avoided as if his pain and suffering were ours too. It should be then understood him and share his joys and sorrows as his experiences, not ours.¹⁰

Therefore, while the nurse approaches the subject to know his individuality and needs to provide significant care and seeks to engage emotionally in offering true comfort, on the other hand, he needs to develop a protective layer against negative emotions that interfere with this emotional balance or even the quality of his care.

These emotional go-and-come causes wear and emotional stress to nurses that need to be managed. Therefore, it is important to consider the emotional dimension of care, without forgetting to take care of their emotions.

When dealing daily with the health situation and the emotional contexts and meanings of the illness to the patient, the

nurse has to deal with his personal emotions and needs to learn to manage the emotions generated in the workplace by the act of caring.¹¹

When the emotions management failure, the professionals end up experiencing the emotional responses of the suffering of others. Therefore, they need to consider the emotional work as part of the service, to remain emotionally stable and continue to care for the other.¹²

The emotional labor is defined as the induction or suppression of feelings to maintain an outward appearance that produces in others a sense of security and well-being to care. It is characterized by face to face contact and by their voice, with the use of verbal and non-verbal language, intending to raise good emotions to the other.⁴

The strategy facilitates the relationship between the nurse and the patient and it provides a more pleasant working fluid and process. It consists of skill to be trained for the workers to exert control over their emotions and the emotions of the patient.

Despite the emotions management is not a well-aimed attitude socially, emotional work needs to be considered a necessary reality for the proper nursing services. Daily dealing with patients, caregivers and coworkers touch many emotions in the professional, which are often contradictory and undermine the organizational climate.

Studies on the emotional work have not been frequent since many of the nurses consider the emotions that accompany the health work as inherent to assistance, so they are silent about it.¹³

In fact, the emotions on several situations experienced in the daily nursing are the natural result of their humanity. However, the management of these emotions is a challenge that allows nurses to remain emotionally healthy in the frequent exposure to human suffering.

FINAL CONSIDERATIONS

Nursing has been at the main care reflections based on humanist ideals as the center of its production process and considering the man as a unique and complex being.

The nursing care improvement is a search intensified over the years. Care shall be defined in many ways, but primarily as a human act, with subjective aspects and related objectives.

The care of human emotions is a recurrent theme in nursing theories that seek to rescue and redirect the nurse practice. Recognizing the man as a complex being, the care provided must be comprehensive and human emotions cannot be excluded from the process.

In his professional practice, nurses are faced with situations of life and health that need to be welcomed and take care of respect and sensitivity. Emotions and other subjective

issues of nursing care become more important in the complicated health situations in which there are no more resources to enable healing.

When providing care, the nurses must first deal with their emotions, born of the care process, and only then seeking to generate the other positive emotions that help acceptance or overcoming the disease process.

Therefore, the emotional dimension of nursing care requires that nurses find the balance between involvement with the patient who is the object of the care and protection of their emotions, in an approach and continuous distance where the emotional work becomes necessary.

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