COMPASSIONATE CARE IN SURGICAL PATIENT RECOVERY: THE DAILY NURSING TEAM

Disposição afetiva para o cuidado na recuperação: o cotidiano da equipe de enfermagem

Disposición afectiva para la atención en la recuperación: el equipo diario de enfermería

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ABSTRACT: Objective: The aim of this study was to discuss the implementation of protocols for patient care in the postanesthesia care unit, considering the provision of compassionate care by the nursing team in their daily routine, in a hospital in the western region of Santa Catarina, Brazil. **Method:** Qualitative study based on ethnography and participant observation. The research subjects were nine nursing professionals. Data were collected in the first half of 2019, considering Bardin's content analysis, from which three categories emerged. **Results:** Nursing professionals understand the importance of providing compassion in patient care during recovery, listing the high demand for activities and surgeries and the insufficient staff as difficulties for providing compassionate and effective care in their daily routine. There is low adherence to the assistance protocols available in this unit, despite the recognition of their importance in patient care. **Conclusion:** Limiting factors for compassionate care of patients in postanesthesia recovery were the high daily demand in this unit, inadequate staff and care of critical patients for long periods.

Keywords: Nursing assessment. Recovery room. Nursing care. Compassion.

RESUMO: Objetivo: Discutir a implementação dos protocolos para o cuidado ao paciente na sala de recuperação pós-anestésica, considerando a disposição afetiva da equipe de enfermagem no seu cotidiano, em um hospital da região oeste de Santa Catarina. **Método:** Pesquisa qualitativa, com base na etnografia e na observação participante. Os sujeitos da pesquisa foram nove profissionais da enfermagem. Os dados foram coletados no primeiro semestre de 2019, considerando-se a análise de conteúdo de Bardin, de onde emergiram três categorias. **Resultados:** Os profissionais de enfermagem compreendem a importância da disposição afetiva no cuidado aos pacientes na recuperação, elencando a alta demanda de atividades e cirurgias e o número de funcionários insuficiente como dificuldades para um cuidado afetivo, efetivo e empático em seu cotidiano. Há baixa adesão aos protocolos assistenciais disponibilizados no setor, apesar do reconhecimento de sua importância no cuidado direcionado aos pacientes. **Conclusão:** Como fatores determinantes apresentaram-se a alta demanda diária do setor, o quantitativo de funcionários inadequado e o atendimento a pacientes críticos por longos períodos na recuperação anestésica.

Palavras-chave: Avaliação em enfermagem. Sala de recuperação. Cuidados de enfermagem. Afeto.

RESUMEN: Objetivo: Discutir la implementación de protocolos para el cuidado del paciente en la sala de recuperación postanestésica, considerando la disposición afectiva del equipo de enfermería en su vida diaria, en un hospital en el oeste de Santa Catarina. **Método:** Investigación cualitativa, basada en etnografía y observación participante. Los sujetos de investigación fueron nueve profesionales de enfermería. Los datos se recopilaron en la primera mitad de 2019, considerando el análisis de contenido de Bardin, del cual surgieron tres categorías. **Resultados:** Los profesionales de enfermería entienden la importancia de la disposición afectiva en la atención al paciente en recuperación, enumerando la alta demanda de actividades y cirugías y el número

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insuficiente de empleados, como dificultades para la atención afectiva, efectiva y empática en su vida diaria; baja adherencia al uso de protocolos de atención disponibles en el sector, a pesar del reconocimiento de su importancia en la atención dirigida a los pacientes. **Conclusión:** Como factores determinantes fueron la alta demanda diaria en el sector, el número inadecuado de empleados y la atención de pacientes críticos durante largos períodos en la recuperación anestésica.

Palabras clave: Evaluación en enfermería. Sala de recuperación. Atención de enfermería. Afecto.

INTRODUCTION

The patient's recovery period is from the moment of leaving the operating room to discharge from the postanesthesia care unit (PACU). During this period, it is necessary for the entire team to be active in patient care, offering support for the patient's needs, in addition to continuous observation of his/her evolution, as the patient needs to recover consciousness and achieve stabilization of homeostasis and all vital parameters. Therefore, the team needs to perform continuous and individualized care, with the goal of recovering health and preventing risks[1].

The patient undergoes a whole change in his/her physiology during the surgical procedure, as well as in the balance of the body's systems. Therefore, the care provided by the nursing team is extremely relevant, especially in the PACU, where the patient is faced with various risks in the postoperative period, requiring attentive and integrated care. Accordingly, the attention given to recovery is aimed at providing safety and preventing and identifying complications and instability of the patient's clinical picture, and it is important to know how to act in these cases[2].

As an integral factor of well-articulated care, it is essential to understand how the patient sees himself/herself, being immersed in the tension of the hospital environment, especially in the PACU. When faced with the surgical experience, the patient suffers being away from the usual routine and placed in this other world, which can provide pleasant or uncomfortable experiences. The patient experiences invasive bodily procedures and compromise of privacy, whether in the operating room or in the recovery room in the immediate postoperative period (IPOP). He/she starts to face a routine of care and experiences that is limited to his/her bed, which lasts the whole duration of hospitalization[3].

The daily routine experienced in the PACU is cited by most nursing professionals as one of the main difficulties with regard to the quality of care. Despite being an inconvenience to the team, the daily routine presents itself as an opportunity to develop new strategies to reformulate the way of caring, through respectful touching and compassion towards others. In this sense, it requires specific qualification of professionals, aimed at humanized, warm and individual care[4].

For this care in the PACU to be effective, it is first necessary to have an adequate nursing staff, so that the demand is distributed equally and so that the service is strictly supported by the standards and protocols instituted in the unit. For care to be systematized according to the needs of each patient, it is necessary to use protocols, such as the assessment of airways, breathing and circulation (ABC) at initial admission of the patient, with a head-to-toe approach aimed at identifying the initial parameters after anesthesia, the checklist based on the modified Aldrete and Kroulik index, Ramsey sedation scale, Steward index and pain assessment scale, all decisive at the time of discharge from the PACU[5].

In this sense, to understand how this relationship occurs, the following question/problem arises: how does the use of protocols, standards and routines guide the compassionate care for the patient in the PACU?

OBJECTIVE

The aim of this study was to discuss the use of protocols and standards for patient care in the PACU, considering the provision of compassionate care by the nursing team in their daily routine.

METHOD

This research was part of a larger study titled "Body and corporeality in the routine of the operating room: embroidering care and training in the labyrinth of the nursing team", which was institutionalized and received ethical approval

from the research ethics committee of the Federal University of Fronteira do Sul (UFFS), Chapecó, Santa Catarina, under process No. 3.130.487.

This was an ethnographic study with a qualitative approach, which studies the world of meanings and human relations, as well as human reality in society[6]. The ethnographic study works with the establishment of relationships to choose informants, transcribe texts, raise hypotheses, map specific fields, and immerse oneself in daily activities, reporting them in a field diary, where data collection is done with a detailed description of the routine experienced by human beings involved in the research[7].

The study was carried out in the PACU of the surgical center of a hospital in western Santa Catarina, Brazil, in which an average of 18 nursing professionals work. The research subjects were nine of these professionals, one nurse and two nursing technicians per shift. It should be noted that the others were not available to participate in the research.

Data collection was performed at the surgical center, in the PACU, in May and June 2019, in alternating morning, afternoon and night periods. The data collection instruments were a semi-structured interview and a field diary, filled out through participant observation.

The data were processed through Bardin's content analysis [8], according to the following steps:

- organization of the analysis;
- coding;
- categorization;
- processing the results, making inferences and interpreting the results.

RESULTS

Considering the thoughts and perceptions of the interviewees, three categories were created on the basis of the main elements and themes emerging from the interviews, which comprised the following topics: performance of the nursing team in relation to the standards and protocols of the PACU; a look at compassion in nursing care in the PACU; effective care in the PACU: possibility?

These categories are shown below in Charts 1, 2 and 3.

Chart 1. Categorization of standards and protocols.

Category/Topic	Record unit	Subjects' thoughts	Observations
Topic 1 Performance of the nursing team in relation to the standards and protocols of the PACU	• Overload • Inadequate staff • Observation • Paying attention to risks • Team support • Teamwork • Busy daily routine • Demand • Tiring routine • Patient flow • Physical structure • Staff	P1: "The morning team is more resistant to the new routine, some new protocol that we are going to add, they are a little more resistant. Not in the afternoon, in the afternoon it is very quiet, what you propose to them, they do, they usually do not question, they do not oppose, thus, they respect the hierarchy a little more than in the morning. The morning goes on, but like that, kind of jams, you have to manage conflicts with the morning team." P2: "The team follows the routines, the requested standards, the protocols very well. If I have a serious patient, sometimes we have an ICU patient too, you know, and I can't pay attention to others, colleagues assume, they'll lend a helping hand, no patient is ever left in pain, the necessary attention is given. Even that wall from 1 to 6 pm was only outside ones, then the person who was there was very burdened, you know, because you have to feed, you have to lift up, there are a ton of things you have to do in those four hours, a lot of medications. And now the outside ones will be kind of distributed, so everyone will be able to work." P3: "It is a united team, we help each other a lot, from receiving a patient, from being happy, from caring, in short, everything, you know. Our routines are changing a lot, but we are trying to adapt in the best possible way to always provide care to the patient, and they are already changing to better serve the patient, so as not to leave the patient too long waiting, in pain, anyway, to improve service. The way to receive and distribute patients, they used to receive everyone on the wall from one to four, nowadays	• Mechanized routine and non-interaction with patients • Delay in checking vital signs • Lack of explanation about the procedures performed • Lack of explanations for questions asked by patients • Power relations • Lack of use of protocols by the team • Release of patients by the anesthetist based solely on the analysis of vital signs, or questioning patients about their ability to move their lower limbs • Troubled relationship with some professionals • Professionals stressed by external factors, reflecting on how to offer assistance

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Chart 1. Continuation.

Category/Topic	Record unit	Subjects' thoughts	Observations
		not, it is one per wall, so there is time for the person who is there on that wall to receive, organize that patient, take good care, leave him well organized until he receives the next one. There will be negative points for the distance, perhaps, from the patient who stays from one to four to reach the bathroom, but there will also be positive points, so we are trying to adapt to find a better way to minimize the inconvenience of having to walk even to the bathroom, maybe a chair, a support, a walker, but we are organizing this."	• Comments on patients • Lack of motivation of professionals to work • Lack of patience from professionals, due to the great demand of the unit • Feeling inferior to other professionals • Lack of attention to patients.
		P4: "In fact, I think we have all the protocols, so we try to follow what is there as much as possible, but often, due to excessive workload, inadequate staff, we are unable to provide the service that would be necessary, right? But this way, we try to do all the protocols, when the patient arrives, we look at the bracelet, do all the part of the patient's reception, that clinical evaluation that we do in the beginning, head-to-toe, do the evolution. In fact, we didn't have this evolution, it was implemented only now. We made a small evolution in the beginning, so, only "patient arrived in recovery and was received, monitored" and gave. And then, as it was seen that a lot was lost, we just put the most emergency things, the emergencies that happened, we put it, there was a lot of loss, if it was lost if the patient had a wound from the operation, sometimes there are patients who arrive with a hematoma that was not seen before, suddenly sometimes even from the position he was in the room, sometimes a phlebitis in an arm of a serum that has already come from the room, so we started to observe this thing. Sometimes he arrives, when passing a bed there to get to recovery, she has access that is already blocked or out, a drain that has come loose on the way, so everything like that, then when he went to the room, he realized that sometimes the drain was out, but it had already arrived for us like this, so some things, some protocols, some things that were put in more so that we had less risk, hence now also the identification bracelet that we identify there, and patients have already arrived with the wrong bracelet and all the wrong medical records that came from hospitalization with the failure, you know, so even if you take care, it still happens to be so wrong."	
		P5: "It is a team that should be better assisted, I think that by the direction, by the nursing professionals, by the number of patients that pass through here during all our working hours, because it is a room with a lot of procedures, we feel quite difficult at times of attendance, right, because there is a lot of demand. As for the team, no, our team is a good team to work with, but due to the demand for work that is very busy, which should be more ..."	
		P6: "The daily routine is very hectic, there is a lack of staff to do that job of receiving, of making identification, because there is no time, there are days that are quiet, you can receive the patient, you talk to the patient, you doctor, do the your work, but there are days that you disappoint because it seems that something is missing, because you were unable to do what you should have done due to the demand, but most of all everything is right. The daily life is very hectic, there is a lack of staff to do that job of receiving, of making identification, because there is no time, there are days that are quiet, you can receive the patient, you talk to the patient, you doctor, do the your work, but there are	

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Chart 1. Continuation.

Category/Topic	Record unit	Subjects' thoughts	Observations
		days that you disappoint because it seems that something is missing, because you were unable to do what you should have done due to the demand, but most of all everything is right."	
		P7;"It is a very pressured routine, because the hospital does not cooperate, there used to be five of us and now we are three, the nurse is willing to help us to do everything. The routine is always the same, it is pushed when we get an ICU patient, here it is a semi-ICU when there are no more beds in the ICU, there were days when there were seven ICU patients and we had to cope, and a mother with a cesarean section and a baby mixed with the ICU and postoperative patients."	
		P8: "It's just that we weren't talking before, the issue of daily routine here is very busy, there is a very large flow of patients. During the day there are even more employees, but at night there are few, and so, in that rush. It means receiving a patient, writing down signs, medicating, changing fluids, seeing how the dressing is doing, and there is no way to do anything else. As for standards and routines, most of us are unable to comply, because we do not have enough staff, we do the basics, but there is no way to do it."	
		P9: "The physical condition of the environment, little staff. The time we arrived, just me and her in the crowded room, a few here, a few there, when you looked then all was already behind, here we had to do it, so it's difficult like that, right, so sometimes even you you think about being a little better, in this case, try to do a little better, but it's time and there's no way."	

PACU: postanesthesia care unit; ICU: intensive care unit.

Chart 2. Categorization of compassion in care.

Category/ topic	Record unit	Subjects' thoughts	Observations
Topic 2 A look at compassion in nursing care in the PACU	• Care • Compassionate difficulty • Empathy • Cooperative team • Cooperation between team members • Patient comfort • More assistance • Risk forecasting • Attention to symptoms • Offer the best of you • Assist the patient • Agile care	P1: "I think that, of the two teams, so, they all have, I think, a proper way of taking care, so, there are some exceptions, in my opinion, but I think it's kind of personal, like that, with the personality of one or two people that I have in the morning team that I find more difficult, so, as to the compassionate part, you know, sometimes feeling empathy, putting yourself in the other's place, you know, I think that in the morning I can see that there is a little more of this. In the afternoon, not like that, the afternoon team, as it is cooperative, she is more united, she is different, so in this part they gain a little too, you know, about the compassionate part."	• Little compassion for patients • Inappropriate comments • Little interaction with patients • Lack of dialogue in the reception of patients • Lack of explanations about medications and procedures • Lack of patience with patients and family • Doing duties without talking/explaining to the patient • Forgetfulness of comfort measures • Decreased willingness to work • Little understanding of the patient's situation
		P2: "I think it is more or less that even we don's comment now, the mood when one is busy, another helps, if you need to give medication, go and give medication, it is not because the patient belongs to the other who will not medicate, one helps the other. It goes after resolving things."	
		P3: "The patient reported pain, no matter how much I am with that bed or the colleague is busy, or is having a snack, or is somewhere, I go there or anyone goes there, sees the medication, asks if they are allergic, in short, our whole routine, care	

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Chart 2. Continuation.

Category/ topic	Record unit	Subjects' thoughts	Observations
	• Attention • Like what you do • Feeling happy • Caring with affection • Attention to the patient • Contact with the patient • Priorities • Talk to the patient and listen to complaints • General care • Job well done • Attention	is administered, the patient is not left without medication, or without perhaps reaching for a glass of water if he/she can, or whatever. What is within our reach, for the best comfort of the patient, would be this."	• Lack of proactivity by some professionals • Little dialogue • Lack of checking on patients.
		P4: "We try to provide the best possible, but as we lack an employee, we needed more assistance, sometimes you are overloaded, you have an ICU patient and four more, and then you cannot give that assistance, even to the ICU patient as you should, nor for others, so it is also something that will have to be improved, but we try to improve our routines every day, sometimes when we are without a nurse we try to do our routine, our work, we do not stop because there is no nurse, and sometimes we look for the nurse inside, and always realizing the things that can happen, we are attentive to the symptoms that may lead to a stop, why is he sweating? Why is the pressure low or high? In cesarean sections, we take great care of the bleeding so that it does not cause shock. Many times it has just happened to be attentive there, to prevent them from stopping, so these are things that we try to improve every day more."	
		P5: "I think that with everything we try to give the best of ourselves, but I think we still fail in some points, you know, we still need to be better assisting the patient, in agility, sometimes there is some complaining about pain and we take a little while to attend to the patient because the demand is very high, not always, but some days are very difficult, like today it's okay, today you can pay more attention, but there are days that are very difficult, especially on Saturdays, because on Saturday there is only one team, which is five people, at lunchtime you have to share it, then sometimes you can medicate the patient, but you take time to go back to see if the pain has eased, if the nausea has passed, here there are points."	
		P6: "This part here is very personal, because it is up to each one, each professional. There are professionals who are in the wrong place and don't realize it and I don't know why. We notice when we don't like what we do, the person has to be doing his/her job and has to be happy. Since a question asked by the patient, there are patients who come here and ask a lot of questions, why this, why that, because there are some who come here, because of the anesthesia they don't even know they had surgery, but 'what time I'm going to have surgery','how long will it take', then we explain that they have already had surgery, that they are already in recovery, that they will stay for so many hours, that anything is to call, and we notice that in this part we have to be technical, for you to look at them, give them affection, we feel that there are professionals who are different, but that is true for everybody."	
		P7: "We have little contact with patients, they come here and stay for an average of two to three hours, we try to do as much as possible, assisting, if there were more staff it would be much better, we would be able to give much more attention, we would have more contact with the patient. There are patients who receive very little attention, when it is a busy day, then we pay very little attention because there is no way, there were threeof us with 18 patients, and how can you pay good attention? Sometimes you don't even talk to the patient, see the signs, take care if you're not feeling ill and give priority to those who need it most."	

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Chart 2. Continuation.

Category/ topic	Record unit	Subjects' thoughts	Observations
		P8: "That's it too, we don't have time to stop and talk to the patient, listen to the complaints, it's: 'are you in pain?', 'I am', go there, give medication, it's not that story, 'what happened ',' how are you really doing', it's more general care even."	
		P9: "Here you would need at least a couple more staff to be able to do a job well done, so you can pay attention both to what you are doing and to the patient, to be able to come and talk to the patient. Sometimes the patient wants to tell you the story of why he is in a post-op bed, but if you stop to listen to the story, why do they tell details, then what are you going to do? You will be alone with that patient, and the rest will sometimes complain about pain."	

PACU: postanesthesia care unit; ICU: intensive care unit.

Chart 3. Categorization of possibilities.

Category/ Topic	Record unit	Subjects' thoughts	Observations
Topic 3 Effective care in the PACU: possibility	• Vision of wrong things • Lack of staff • Lack of support • Abandonment of patients • Work overload • Flexible team • Cooperation • Insistence • Help from monitors • Lack of attention • Rush • Little compassionate care • Holistic look • Stress, no time • Carelessness in care	P1: "So, when we have a meeting, once a month, I do the monthly meeting and when there is something new to pass as well, that's an extra meeting, they always add, like, what they think is not cool, that has to change, if they realize that a colleague is 'oh, he didn't do something right' or 'he answered the door in a rough way' or something, they come to report, and then we end up calling the employee to talk, right, so they have a vision, like, of things that are wrong and that have to change, some that you will talk to end up not accepting, they have a little resistance, 'oh but I'm like this, my way is like this and I will not change', because we are in a sector so you have to put yourself in the place of the next, like this, because so much of the patient who is there, who woke up, does not know where he is, if it is over, if he has done it, as the family member who is out there, because the family member is out there and does not know what is happening inside, right, so they are there out there, they are distressed, so sometimes I have a little difficulty, like, with whoever answers the door, you know, how to treat the family member who is there at the door, and the patients here too, it is one and another person, like this, who has a more closed personality, who is more difficult to deal with, but the team in general."	• Little compassioin for patients • Little interaction with patients • Lack of dialogue in the reception of patients • Lack of explanations about medications and procedures • Lack of patience with patients and family • Doing duties without talking/explaining to the patient • Forgetfulness of comfort measures • Little understanding of the patient's situation • Lack of proactivity by some professionals • Little dialogue • Lack of checking on patients.
		P2: "And the same surgeries that we have during the week, that we have three nurses, the coordinator and two more, on the weekend there is only one to handle all. Sometimes there is a shortage of staff as well. We can't take the initiative to do things, even we know, but we can't even give a medication because the doctor has to come and evaluate and prescribe it, you know, because without being prescribed you can't do it."	
		P3: "Yes, we encounter various difficulties in taking care of the patient. If a patient is calm, fine, we can help, the nurse is always close, it is more than a week that we only have one nurse in the unit, so it is more difficult, right. So we find maybe a little bit of difficulty in the lack of this support, right, maybe there is a lack of a nurse on the weekend to help us. In the case of an emergency, the doctor comes to help us too, but it is a little more difficult, if we have ICU patients, the anesthesia personnel are	

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Chart 3. Continuation.

Category/ Topic	Record unit	Subjects' thoughts	Observations
		no longer part of caring for the ICU patient, so we call the ICU, again no one comes, call P2, call I don't know who, it's kind of abandoned patients. So, this part that we find more difficult. 'I come, I do our routine', ours would be much better, but this way it is more difficult for us to take care, because sometimes there is an emergency, we call someone, call another, it has already happened. So if there was someone in this part to support, our work it would be much better and maybe even the patient would be more satisfied, he/she would not be so at risk either."	
		P4: "The team helps each other with the tasks, but there is a lack of staff, overload when having to take care of an ICU patient and three or four more surgical patients."	
		P5: "It is a good team, if it helps a lot, there is no side of anyone not wanting to help the other, or if you ask for help, colleagues do not refuse, it is a very flexible team to work with."	
		P6: "It is a set, that part of receiving the patient, of the colleague being there, us being there, doing our work, that thing of the anesthesiologist cooperating, like when the pain is giving the medication, when the patient is released (closed) the time, patient is fine, vital signs all right, no bleeding) the anesthetist comes, sometimes we have to go two or three times to look for him/her, sometimes there are some who don't like to be releasing every little bit, every two hours come here and evaluate. Until a while ago it was like that, now it has changed. During the day, we are more closely together with the doctors, at night there is the duty, in this case, during the day each is in a room, and at night there is the duty to evaluate and release. What we notice most is that doctors feel safer to leave the patient here and not send them to the room. I think, therefore, that recovery is a postoperative, not an ICU. If it is an emergency, you have the surgery, you have a bed, you have everything, but if you can wait, like, wait a bed in the ICU to have surgery, because here we do it, take care of the ICU patient, do everything, but the ICU patient needs more care and sometimes we are full of postoperative and we can no longer provide the care they need, we already have five, six ICU patients here. During the day, there are seven staff, at night only two are needed."	
		P7: "I really like it because these multiparameter monitors help a lot, because you don't pay much attention anymore, so these monitors are our eyes. As weaknesses, these mothers who stay here with the children, the children are very fragile, not that we do not want to serve them, but I think they should not be here in recovery along with other operations, other pathologies. We do the care, but we have a lot to be desired."	
		P8: "For sure, I think frailty is more the issue, which is the lack of very compassionate care, I also think, and in general too, in the holistic look of the patient, I think it is a long way, but because you don't have time, you don't realize it, it's a very big demand for few people, because like that, outside there is an employee to take care of nine, 11 patients, but they are not postoperative, if the patient is going to be ill, it is in the first two, three, four hours, it is the time the patient needs most. If you look there, the signs are zero, 15, 30, 45 minutes, and you can't always do that, most of the time you can't do it. The first hours demand	

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Chart 3. Continuation.

Category/ Topic	Record unit	Subjects' thoughts	Observations
		the greatest care, and we can't do it as it has to be done, there's no way, there are too few people."	
		P9: "I think that's it, lack of staff, there has to be more employees, in this case, so we can do our work better, in every way, both in taking care of the patient and taking care of people, sometimes, right, because sometimes we get overwhelmed, we get stressed, and sometimes you stop caring for the patient because of the stress itself, due to lack of time, causing stress, and then you end up sometimes, like, you can't pay attention to the patient, being sloppy maybe, but not because you want to, for lack of time. It is that feeling of wanting to do it and not being able to do it. You know you could do it, but you can't do it because you don't have the time to be there with them."	

PACU: postanesthesia care unit; ICU: intensive care unit.

DISCUSSION

Caring for the patient in the PACU is one of the main concerns and responsibilities of the nursing team, since it involves the human being in situations of vulnerability, exceeding the technical limits, to cover the therapeutic dimension. In this sense, humanized care perceives the patient in his/her entirety, and thus, nursing professionals may be able to identify the more subjective signs that the patient expresses about his/her health status[9,10].

Performance of the nursing team in relation to the standards and protocols of the postanesthesia care unit

Given the historical context of the care provided to the patient by the nursing staff in the PACU, currently, the act of caring has replaced empirical belief with scientific knowledge and evidence, promoting greater safety in the care of post-surgical patients. In view of the specificities of each surgical procedure, the unit's standards and assistance protocols aim to direct and qualify care, making it possible to obtain positive results, thereby encouraging the nursing team to evolve through adherence to scientific knowledge in their professional practice[9].

The nursing team recognizes the importance of using assistance protocols for care and, despite the intense patient flow in the unit, evidence-based practice appears in the work of professionals, even in the face of some difficulties imposed by the profession's daily routine.

It is worth mentioning that standards and protocols are important, but in our experience with the team, it was noticed that, even with the implementation and training processes proposed by the training team of the hospital where the study was conducted, the sequence of care according to the protocols did not happen that way[10]. The evolution takes place in the form of simple annotation as well as evaluation. We emphasize that the systematization of perioperative nursing care (SPNC) is not effective. Therefore, there is no comprehensive patient analysis.

Taking into account the context previously discussed, it is essential that the nursing professional makes a careful analysis of the patient while in the PACU, especially since this is the most critical time of the postoperative period, in which the patient may show instabilities[10].

In general, in some shifts, it was observed that there was a more attentive care, where technically some issues are observed, but care with hygiene and patient comfort does not occur. In this sense, it was also noticed, according to the reports, that during the entire perioperative period the patient does not receive systematic care, since in many cases he/she arrives at the PACU with some intraoperative complications that are sometimes neglected.

It was noted that there was a lack of communication between the team members, no continuity of care and, consequently, no systematization, despite the existence of protocols that support and reaffirm their importance. As a result, there is a break in the care process, creating a scenario of accountability for other sectors. Some dialogues denote the implementation of new protocols, such as the safe surgery

checklist, aimed at patient safety and at minimizing injuries, but these protocols are not effectively followed by the team, which makes patients vulnerable during the process.

When considering the perspective of patient safety, both the standards that guide professional work and SPNC have the same purpose. The aim of SPNC is to organize and direct the performance of nursing professionals, related to the care of the patient as a whole[11].

The nursing team recognizes the importance of teamwork when it comes to patient care, knowing that the daily routine often makes actions unfeasible, but with the cooperation of professionals, it is possible to care for patients in all aspects, with the intention of better serving them.

We observed that the team sought to adapt to the unit's flow and physical structure to better serve patients. However, it was evident that this redistribution of patients did not allow for more attentive care. On days with greater flow, it was noticed that there was a delay in meeting many patient demands, such as medications, measurement of vital signs, and other necessary procedures.

A recent study reported similar findings, where it showed that the omission of care is characterized by essential actions not performed or partially performed, results that corroborate those of another highlighted study and this theme[12]. For the authors, the team's commitment to providing quality nursing care, according to the specific needs of each patient and in a timely manner, is essential[12].

It should be noted that the data in this study are in line with those found in other studies, considering that the main reasons identified for the omission of care were problems related to inadequate staff, patients with urgent situations and unexpected increase in the volume of patients or severity of their condition, in addition to material resources and equipment not available or unsuitable for use[12].

The positive perception of the nursing team in relation to their work environment was associated with a lower frequency of care omission. Due to the dynamics of the unit, it is essential that the nursing team work in an integrated manner; after all, this is a strategy that allows nurses to carry out precisely the actions to be developed, according to the established assistance protocols, with the aim of obtaining better results regarding the qualification of patient care[13].

The PACU is a specific unit that develops intensive care directed to the IPOP, requiring a careful and insightful look from the team in relation to the different specificities evaluated in the post-surgical patient. Thus, the objective is to carefully analyze the patient's health situation for better articulation of care, according to what he/she needs[14].

A look at compassion in nursing care in the postanesthesia care unit

It is known that the PACU is a dynamic environment, with high patient turnover, restricted to access and with the need for attention to patients and their families. Compassion in nursing care does not require any tool to teach you step by step, but it depends on the conduct and the way of conducting the care of each professional on the team. Being compassionate and performing an equally caring work requires the constant polishing of our values as collaborators of a team and as people. Understanding the patient's situation, putting oneself in his/her place, involving the patient in the care and feeling good about the activity that is performed are some aspects that qualify nursing care[10].

The team must develop actions aimed at promoting quality in the care directed to the specificities of each patient, reducing possible postoperative risks. For this, professionals need to develop a critical, attentive and sensitive look at the patient, identifying situations that require intervention[15].

The team works together to assist patients, minimizing discomfort arising from the anesthetic-surgical procedure. On the other hand, during the field observation, several failures were indicated in relation to patients' requests, associated with the team and their attention and meeting their demands. Often, the adverse events that occur in the hospital environment are iatrogenic, but for a more detailed assessment of the patient, it is necessary to consider the environmental conditions of care practices, the structural aspects and the complexity of this patient being attended to[16].

The most relevant aspect mentioned and that directly affects the quality of care is inadequate staff. On the other hand, in our experience with the PACU team, it was noticed that, in view of the great demand, the nursing team was unable to provide safe, compassionate and effective care for all patients.

In being with the team, it was noted that many left something to be desired in some important aspects in caring for the patient, such as: patience in resolving doubts, affection and compassion when providing care, empathy when receiving the patient in the unit, among other aspects that interfered with the recovery of patients, consequently lengthening their stay in the unit. In this sense, because it is a dynamic environment, PACU professionals find it difficult to establish a bond with patients. This is either due to the short time spent

in the hospital, or due to the lack of time to dedicate themselves, because of the large number of patients to be treated, which hampers the establishment of appropriate close and attentive relationships.

The PACU is an environment that allows little connection between professionals and patients. On the other hand, in the course of our experience, it was realized that it is possible to establish a closer connection with the patient, as the nurse professional needs to talk to the patient to guide the recovery and the measures to be taken. In view of the above, the daily routine of the nursing team makes it difficult to create a bond with patients, but not impossible, in view of the benefits for the patient as well as the nursing professionals, who know that their performance is linked to one of the pillars of nursing.

Effective care in the postanesthesia care unit: possibilities?

When talking about care in the PACU, a wide range of possibilities opens up for the nursing team. Information technologies have been widely used with regard to storage of and access to data that can make assistance more dynamic and effective. This technology, based on protocols that support the development of the profession, for example, is responsible for enhancing clinical reasoning and decision-making by professionals, considering that systematic care allows early identification and treatment of possible complications of the anesthetic-surgical process.[17].

The nursing team understands the importance of effective patient care, listing necessary changes to better serve them in the PACU and their families in the waiting room, working in an integrated way in trying to solve the difficulties encountered in the daily work.

Professionals recognize the need for change in some aspects, which was proved by our experience with the unit. In this context, when the nursing team sees decrease in number and in the quality of the service offered, the compassion with which care is developed is also affected. Being compassionate with the patient goes beyond the limits of compassion, of compassion itself, but it is found in dialogue, in respectful touch, in a caring and understanding look at the patient's situation. When professionals, for some reason, are not with this focus, the care provided to the patient becomes just a task activity, omitting the real essence of nursing care in the PACU and making the daily routine of the team monotonous[15].

Postoperative patients have a potential risk of complications in the PACU, which are often preventable, provided they are detected early. Therefore, upon entering the unit, the patient is monitored with the aid of a multiparameter instrument that informs professionals about possible changes in vital signs, which is indispensable for the patient's safe recovery[18].

With regard to the bond established between the nursing team professionals in the work environment, the demand requires that there be a relationship of cooperation, so that they can meet the flow of patients and so that the care provided at least meets the basic needs of each patient who passes through the unit[19].

FINAL CONSIDERATIONS

The application of specific assistance protocols of the PACU contributes to the systematization and safety of the care provided to patients, in view of the complexity of care in this unit during IPOP. However, it is worth mentioning that our findings showed staff resistance regarding the use of the standard assistance protocols and the minimum use of systematized records during the care provided to patients. In order for the assistance to be systematized according to each need, it is necessary to use protocols, such as the ABC assessment at the initial admission of the patient, the safe surgery checklist, Aldrete and Kroulik index, Ramsey sedation scale, Steward index and pain scale, which are decisive when the patient is discharged. Due to the great demand of the unit, other factors that hinder the effectiveness of care are presented, such as the inadequate number of professionals.

In this perspective, the PACU is not only configured as a unit in which the patient waits for the effects of anesthesia to pass, but it must be recognized as an environment consisting of critical and complex situations, where multidisciplinary care must be intensive to guarantee continuity in the treatment of patients. Patients and promote the success of the surgical procedure performed. Thus, our developed and socialized research showed the importance of using safe care at all times during the operative period, especially in the IPOP.

We conclude that further studies on the PACU are needed to reaffirm the importance of using assistance protocols for guiding care, seeking patient safety and the evolution of nursing as a profession, and to expand this achievement in other health care services that aim to improve the quality of care provided and its success.

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