







ORIGINAL ARTICLE

RESSIGNIFYING CARE THROUGH THE PERCEPTION OF THE HEALTH TEAM WORKING IN AIRPORTS AND AIRPLANES

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ABSTRACT

Objective: to understand care through the perception of the health team working in airports and aircraft.

Method: descriptive research, with a qualitative approach. The study was conducted in the period from January to March 2019 with 16 participants. Data collection was carried out with professionals who work at the Pre-Hospital Care Post of an airport in the city of Rio de Janeiro. The analysis was based on the phenomenology of Merleau-Ponty.

Results: Two subcategories emerged from the analysis: experience and the lived world as the foundation of care at the airport and in the aircraft, and the professional's body as a mediator of humanized care at the airport and in the aircraft.

Final considerations: The study may contribute to the care provided to users who use this means of transportation, as well as use the airport facilities, contribute to teaching and research, and give visibility to the health team that work at the airport and aircraft.

DESCRIPTORS: Airports; Delivery of Health Care; Patient Care Team; Perception; Empathy.

DANDO UN NUEVO SENTIDO A LOS CUIDADOS A TRAVÉS DE LA PERCEPCIÓN DEL EQUIPO SANITARIO QUE TRABAJA EN AEROPUERTOS Y AVIONES

RESUMEN:

Objetivo: comprender el cuidado a través de la percepción del equipo de salud que trabaja en aeropuertos y aviones.

Método: investigación descriptiva, con un enfoque cualitativo. El estudio se realizó en el periodo de enero a marzo de 2019 con 16 participantes. La recolección de datos se realizó con profesionales que trabajan en el Puesto de Atención Prehospitalaria de un aeropuerto de la ciudad de Río de Janeiro. El análisis se basó en la fenomenología de Merleau-Ponty. **Resultados:** del análisis surgieron dos subcategorías: La experiencia y el mundo vivido como fundamento de la atención en el aeropuerto y en la aeronave, y El cuerpo del profesional como mediador de la atención humanizada en el aeropuerto y en la aeronave. **Consideraciones finales:** El estudio puede contribuir a la atención de los usuarios que utilizan este medio de transporte, así como a la utilización de las instalaciones del aeropuerto, contribuir a la docencia y a la investigación, y dar visibilidad al equipo sanitario que opera en el aeropuerto y en las aeronaves.

DESCRIPTORES: Aeropuertos; Prestación de Atención de Salud; Grupo de Atención al Paciente; Percepción; Empatía.

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INTRODUCTION

Assigning a new meaning, a new look to care in health practices becomes broad because it involves several unique aspects of the human being. The care is shaped according to the characteristics presented by the person and requires the establishment of the interaction between the health professional and the individual, being configured in an inter-relationship, an intersubjectivity, and therapeutic relationships, and the professional is the mediator of this care ⁽¹⁻²⁾.

The perception of the health team that works in the airport environment, and many times inside the aircraft before or after the flight, leads us to a re-signification of care in the presence of the other based on elements such as dialogue, sensitive listening, a look, interaction, concern, and touch; thus, one can value and understand the existence of the other ⁽²⁻⁴⁾.

It is worth mentioning that it is not in the minds of the people circulating in an airport to suffer any health problem in a transit environment, where latent emotions emerge to meet the need for care provided on site. The health team, composed of a nurse, a doctor, and an ambulance driver, is often faced with health problems ranging from the simplest ones to be solved to the most serious ones that require a quick intervention, regardless of the airport area.

The visibility and the institution of care by the health team are primordial at the core of urgencies and emergencies, since time is gold, time is life. In caring, one seeks to reflect and reconstruct between the technical and the common sense. To position oneself in a caring attitude in the health field is to prioritize intersubjectivity in relationships and that each one of us is simultaneously anonymous in the sense of absolute individuality and anonymous in the sense of absolute generality ^(2,5-6).

Thus, the professional, when facing the other, recognizes himself as a participating subject in each meeting experience; he values the relational character, and builds the "other of each one" ^(2,5). Therefore, the existence of movement, will, interaction, identity, otherness, plasticity, project, desire, commitment, temporality, and responsibility in health practices is necessary ⁽⁷⁾.

Care in the airport and aircraft environment requires a philosophical understanding of its bases, as well as attitudes that in practice can be unveiled within the context of encounters between professionals and users of the environment, even if this is the airport ⁽⁷⁾.

Among the various definitions of caring, it stands out the concern for the other, the affection, the attention, the zeal, the compassion, it is to make it human, it is to go beyond a mere commitment to objectivist definitions. Thus, care permeates lived experiences and intersubjectivity between the professional and the patient, between knowledge and actions, and in the emotions that are built and shared, making care more human ⁽⁸⁾.

Therefore, given the scarcity of studies on the care provided by the health team working in the airport environment and in the aircraft, this study aims to understand care through the perception of the health team working at the airport and in the aircraft.

METHOD

This is a descriptive research, with a qualitative approach, with theoretical, methodological, and philosophical referential in the light of Maurice Merleau-Ponty's

phenomenology. Phenomenology enables experienced moments and integral living of the world; this relation is approached with my experiences and with the other's, which are intertwined in an intersubjectivity and makes the resumption of these ⁽⁶⁾.

Phenomenology is first a method to modify our relationship with the world, to become more acutely aware of it. At the same time and for this very reason, it is already a certain attitude toward the world, or more precisely, a certain attitude toward our relationship with the world ⁽⁹⁾.

The study was conducted in the period from January to March 2019 with 16 participants. Data collection was carried out with professionals who work at the Pre-Hospital Care Post (PAPH) of an airport located in the city of Rio de Janeiro. The health team, which acts providing care to passengers, crew members and employees at the airport and aircraft, experiences in the airport universe an intersubjectivity with the interdisciplinary team itself in the care process, with the patient and often with the family member.

The following inclusion criteria were defined: professionals working in the PAPH (nurses, physicians, emergency vehicle drivers, on duty), day and night shifts, including nursing and medical supervisors. It is worth mentioning that emergency vehicle drivers are professionals included in the health team according to the Administrative Rule no. 2048, dated November 5, 2002 ⁽¹⁰⁾. The exclusion criteria were professionals who were on leave or vacation during the data collection period.

The capture of the participants for the interview was previously scheduled, at the PAPH itself, in a reserved room, a quiet place, with little noise, free of risk of interruptions, always being maintained the confidentiality of information and the preservation of privacy. The day and time for the interview were scheduled according to availability, without prejudice to professional activities. The duration of the interview was as the participant wished, an average of 10 to 40 minutes.

For data collection, a phenomenological interview was used, with the following script: 1- Please comment on your experience regarding the care provided by the staff at the airport and in the aircraft; 2- What is your perception regarding emergency care in the airport environment; 3- Please comment freely what you would highlight regarding care; and 4- What measures in your perception could improve the care provided to passengers and employees in the airport and aircraft environment?

The interviews were recorded and transcribed in full. The data were interpreted and went through the method suggested by Amedeo Giorgi. The following steps were followed: general reading with the sense of the whole, with the interview material, later a new reading focused on the discrimination of significant units, which emerged from the participants' speeches repeatedly, transformation in the units of sense, transformation in learning structure with the synthesis of the significant units, highlighting the categories ⁽¹¹⁾. The analysis was based on Merleau-Ponty's phenomenology, after establishing the categories and subcategories.

The study was conducted by ethical standards according to resolution 466/2012 ⁽¹²⁾ and submitted to the Research Ethics Committee of the Medical Sciences Center of the Antônio Pedro University Hospital of the *Universidade Federal Fluminense*, approved under opinion number 3022869.

As a guarantee of anonymity, the letters E, M, and C were used, initials of the words Nurse, Physician, and Driver, followed by a number (E1, M1, C1) that does not correspond to the sequence of participation in the research.

RESULTS

The results point to the predominance of the sociodemographic characteristics of the study participants: female gender, college degree, age between 40 and 60 years, time between 20 and 35 years of training, Advanced Cardiovascular Life Support (ACLS) emergency refresher course, 24-hour on-call shift, and a specialization course in urgency and emergency.

This study brings a cutout of a category that emerged from the participants' speeches: "The meanings of the health team's perception about care in the airport and aircraft environment", composed of the following subcategories.

1 - Experience and the lived world as the foundation of care at the airport and in the aircraft

In this first subcategory, a concern with the unexpected emerged from the speeches of the professionals who work at the airport and in the aircraft, with the surprise of a service in which one does not know what one will find, but there is the perception that care begins with the communication of the health problem to a still unknown person.

The care is from the moment we communicate that there is a passenger, a person going ill, until we get to the place, it is a great apprehension until we get there because we do not know what we will find ahead of us. (C4)

Emergency care in the airport environment is like that, unpredictable[...]. (M8)

The professionals understand that it is of utmost importance to call and need the service, as well as to provide clear and objective information about the location.

[...] this first call and this first service, it is of utmost importance for us, it is where we identify the need for service and prepare ourselves for the location. (C2)

Well, it's a little tense, totally different from an internal hospital assistance, you never know what you're going to find [...]. (E3)

The deponents perceive airport care as a different, unique, pleasant experience, just as care should be directed, focused, and above all welcoming.

It is a very pleasant experience. It is quite different from what you do in an outpatient clinic, in an emergency room, in a hospital, it is a unique experience because it really only exists in this environment. (M3)

It is a different experience for me, I am used to working in other areas [...]. So, for me it is a different experience, to be acting in the airport area, they are different rules [...]. (C3)

The perception of the welcoming by the health team becomes important in an environment of passage, with uncertainties on the part of the passengers, because many times they do not know if they will be released to continue the trip or not.

The care provided by the team at the airport must be immediate care, directed to the patient's complaint, and at the same time, welcoming. (M8)

It is seen by the professionals as a unique freedom, a good experience. But in a certain way, it demonstrates a different experience, something new, and so, besides this encounter with the other at the time of care, it needs infrastructure and training for the health team.

The experience is that you have a unique freedom, to be with that patient, victim of sudden illness [...]. (E1)

Well, I think it's a nice experience [...] the teams are well trained, most of the time, and also

have a good infrastructure of care [...]. (M2)

The teams work with a response time (pre-established time for the team to leave and arrive as soon as possible at the point of care). It is a tense moment of verification and stabilization of the patient because this care may culminate in a removal to the hospital environment.

The teams leave in response time, arrive there, verify the situation that occurred, verify the clinical picture of this patient and... and this patient is brought to the medical facility and there the clinical procedures are performed until the patient is improved and stabilized. (C2)

[...] you must leave prepared to face any type of care, from a headache to a severe trauma, so it is much more complicated, much more complex than a care that you go to a ward, and when you get there, you already have a notion of what you are going to do. (E3)

2 - The professional's body as a mediator of humanized care at the airport and in the aircraft

In this subcategory, the participants' statements revealed a concern with humanized, welcoming, and protective care, even in the airport environment, where the care provided often happens quickly - the professional's body becomes the direct mediator of this care.

[...] it is a combination of everything. It is a very humanized care, I think the relationship between the team and the patient is good, I think it is a good care. (M2).

The care is effective [...], to give comfort to the patient, when they call us, when they call us to provide care, they are believing and trusting [...] we try to do our best to have a good return for the patient. (C1)

The welcoming and preservation of the person during the care, which often occurs in open locations, in the aircraft or in external areas, is a concern of the professionals.

[...] we always must be careful, to welcome this patient and we cannot forget the most primordial thing that the patient has which is his, let us say, his preservation, so our team is very concerned about being with this patient exposed because he loses one of the primordial characteristics that he has which is his recollection [...]. (M6).

[...] I think that for patient care, we also must have an environment where the patient feels perhaps a little more welcome [...]. (M7)

In relation to humanized care, there is an interaction, an intersubjectivity, where the professional's body is the mediator of this inter-relationship.

[...] everyone who is in this area always wants to look after the patient, the care, so if we have all the preparation, all the support for this, then we can improve patient care even more, I am concerned about the well-being of the patient at the moment he/she is in our hands, in our care [...]. (E4)

[...] I think that we have condition, in terms of team, to approach the patient from all sides. We have a multidisciplinary approach within what is reasonable for our environment. (M7)

DISCUSSION

In the statements of the professionals who work at the airport and in the aircraft,

there is a value of unity, there is a concern with integral care for passengers. It is a unique and different experience, a unique freedom, from their lived world.

The health team realizes that, besides the experience provided, care must be directed, focusing on the signs and symptoms, from the moment there is information that someone needs assistance, that the unexpected causes some apprehension, but at this moment comfort and warmth must be provided.

For Merleau-Ponty, the entire universe of science is built on the lived world, and if we want to think science itself with rigor, to appreciate exactly its meaning and scope, we must first awaken this experience of the world of which it is the second expression⁽⁶⁾. The moments experienced and lived by the professionals who work at the airport and in the aircraft refer to care, which requires from the professional who wishes to provide it some attributes, such as ethics in human relations, solidarity, and trust. All care aims at providing relief and comfort, and may promote healing, well-being, and, perhaps, a change in lifestyle⁽¹³⁾.

Due to the contemporary pace and lifestyle, the health of the population is fragile, which often reflects the need for specialized assistance, appropriate care with trained and skilled professionals to provide immediate care at the time and place needed⁽¹⁴⁾. An immediacy is experienced, often focusing on routines and pre-established norms with goals to be achieved; thus, the human being lives and experiences how things happen to him now of experience, how they arise and present themselves during the process of this experience or through this experience⁽¹⁵⁾.

It is perceived in the speeches of the participants that the care should be, above all, humanized, with punctuality and accuracy regarding the care provided and a concern about following the rules and specific conducts of the airport environment. Thus, care should permeate all professional categories involved in the health field, and all should have it as the object of their practice, leading to a humanized and welcoming care⁽¹³⁾. The process of humanizing is translated, then, as the inclusion of differences in management and care processes; it is the framework that articulates health practices and highlights the subjective aspect present in any human action. Such changes are not built by an isolated person or group, but in a collective and shared way⁽¹⁶⁾.

In this second category, the participants' speeches revealed a concern with humanized, welcoming, and protective care, even in a transit environment where the care provided often happens quickly. And the professional's body becomes the direct mediator of this care.

Merleau-Ponty points out that the body is the vehicle of being in the world, and to have a body is, for a living being, to join a defined environment, to be confused with certain projects and to be continuously committed to them⁽⁶⁾. In the field of these practices, the experience of the body itself allows us to understand that interdisciplinarity occurs through the relationship established between subjects from the caregiver-caregiver interaction, in which the transformation of feelings into new behaviors can occur⁽¹⁷⁾. The professionals realize that, in the airport environment, there is an expressive number of people transiting and that there is a need for a care with preservation of the person, a humanized and ethical care even though this care happens in sometimes inhospitable places.

For the philosopher, the feelings expressed by the deponents, from a technical care, with support, with quality, zeal, to a care for a life that is in their hands, is in this vital communication with the world that makes it present to us as a familiar place of our life. It is to it that the object perceived and the subject who perceives owe their thickness⁽⁶⁾. The care provided by the airport health team goes beyond techniques and technologies, it also emanates from a sensitivity, an observation, an interaction between the subjects involved in the care, it is something that transcends.

When the team identifies with a gratifying experience, the perceptive body promotes

a change so radical that it no longer perceives where and when it all began, that is, while the universality of feeling mobilizes us to otherness, to establish new identifications as historical beings, it produces new coexistences and generalizations, to promote bonds that guarantee the opening to new and endless transformations⁽¹⁷⁾.

Thus, science does not and will never have the same sense of being as the perceived world, for the simple reason that it is a determination or an explanation of it⁽⁶⁾. The relationship propitiates the communication between feeling and reflection, which reveal the coexistence with the similar, a generality, that mobilizes the transformation of the personhood, of the cultural being⁽¹⁷⁾. Through the observations, reflections, and perceptions of the team, there is a gear in relation to caring for the other and their interrelationships.

A limitation of the study is the fact that it was carried out in an airport with domestic flights and only one active health team. Further studies are suggested in airports with more than one health team and with international flights, considering new realities.

FINAL CONSIDERATIONS

The study led us to reflect and understand in the light of Merleau-Ponty's phenomenology with the experiences, experiences, and perceptions of the health team working in the airport and aircraft.

In summary, the participants' understanding of care refers to a concern regarding the care provided by the health team at the airport and in the aircraft: as the care happens in a pre-hospital environment, in a transit environment, the care happens quickly, directed, with the intention of resolving the health problem at that moment. For this to happen in a synchronized and humanized way, it is necessary to train the health team, to have an infrastructure that supports them, and, above all, that the focus is the care directed to the person.

Clinical or traumatic health grievances in airports are a reality. The study may contribute to the care provided to users who use this means of transportation, as well as use the airport facilities, contribute to teaching and research, and give visibility to the health team that operates at the airport and aircraft.

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