

## Contribution of transpersonal care to cardiac patients in the postoperative period of heart surgery



*Contribuição do cuidado transpessoal ao ser-cardiopata no pós-operatório de cirurgia cardíaca*  
*Contribución del cuidado transpersonal al ser-cardiopata en el post operatorio de cirugía cardíaca*

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### ABSTRACT

**Objective:** know the contribution of Watson's theory to nursing care for cardiac patients in the postoperative period of cardiac surgery.

**Methods:** This is a qualitative study based on the research-care method conducted with ten patients who underwent cardiac surgery in a specialised hospital from June to August 2013, in the city of Fortaleza, Ceará, Brazil. Data were submitted to content analysis based on the Clinical Caritas Process.

**Results:** The results led to four thematic categories: Awareness of being cared for by another being, System of beliefs and subjectivity, Relation of support and trust, and Expression of feelings. Surgery transformed the lives of the patients related to the process of being cared for by other people.

**Final considerations:** The application of Watson's theory to care for cardiac patients after heart surgery shed valuable light on the importance of transpersonal care for the expansion of nursing care.

**Keywords:** Nursing theory. Heart diseases. Nursing care. Thoracic surgery.

### RESUMO

**Objetivo:** Conhecer a contribuição da teoria de Watson para o cuidado de enfermagem dirigido ao ser com cardiopatia no pós-operatório de cirurgia cardíaca.

**Métodos:** Pesquisa qualitativa, por meio do método de pesquisa-cuidado, realizado com dez pessoas que realizaram cirurgia cardíaca em um hospital especializado, de junho a agosto de 2013, no município de Fortaleza-CE. Os dados foram submetidos à análise de conteúdo, com base no processo Clinical Caritas.

**Resultados:** Foram construídas quatro categorias temáticas: Consciência de ser cuidado por outro ser, Sistema de crenças e subjetividade, Relação de ajuda-confiança e Expressão dos sentimentos. Compreendeu-se que a realização da cirurgia acarretou transformações na vida dos pesquisados-cuidados, as quais foram relacionadas ao processo de serem cuidados por outras pessoas.

**Considerações Finais:** Concluiu-se que, ao utilizar a teoria de Watson no cuidado ao ser com cardiopatia no pós-operatório, foi possível compreender a importância do cuidado transpessoal para expansão dos cuidados da enfermeira.

**Palavras-chave:** Teoria de enfermagem. Cardiopatias. Cuidados de enfermagem. Cirurgia torácica.

### RESUMEN

**Objetivo:** Conocer la contribución de la teoría de Watson para el cuidado de enfermería dirigido al ser con cardiopatía en el postoperatorio de cirugía cardíaca.

**Métodos:** Investigación cualitativa, por medio del método de investigación-cuidado, realizado con diez personas que realizaron cirugía cardíaca en un hospital especializado, de junio a agosto de 2013, en el municipio de Fortaleza-CE. Los datos fueron sometidos al análisis de contenido, con base en el proceso Clinical Caritas.

**Resultados:** Se construyeron cuatro categorías temáticas: Consciencia de ser cuidado por otro ser, Sistema de creencias y subjetividad, Relación de ayuda-confianza y Expresión de los sentimientos. Se comprendió que la realización de la cirugía acarrió transformaciones en la vida de los encuestados-cuidados, las cuales fueron relacionadas al proceso de ser cuidados por otras personas.

**Consideraciones Finales:** Se concluyó que, al utilizar la teoría de Watson en el cuidado al ser con cardiopatía en el postoperatorio, fue posible comprender la importancia del cuidado transpersonal para la expansión del cuidado de la enfermera.

**Palabras clave:** Teoría de enfermería. Cardiopatías. Atención de enfermería. Cirugía torácica.

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## ■ INTRODUCTION

This study addresses transpersonal clinical care in nursing for the cardiac patient in the postoperative cardiac surgery period and the contribution of the Caritas Clinical Process, proposed by Jean Watson<sup>(1)</sup> to improve the quality of life of these patients.

Throughout history, nursing has been viewed in the light of scientific and humanistic models of healthcare that pursue meaning in human existence. The professional identification of healthcare workers occurs through the care of people and life, and the essence of nursing is based on person to person relationships<sup>(2)</sup>.

The relationship between the nurse and the one-being-cared-for has a greater chance of occurring in a transpersonal manner, when the awareness of caring exceeds the biological and material dimension based on a theory of nursing. Nurses must be capable of transcending the physical context toward the spiritual realm.

Attempts to understand transpersonal care in a theoretical perspective of nursing reveal researchers who contributed and/or are contributing to the theoretical development or the study of theories in the profession, its comprehension, and the application of the constructs. Of these researchers, Jean Watson conducted care toward the existential-phenomenological perspective of caregivers and the ones-being-cared-for, allowing contact with subjectivity within health-sickness care relations, advancing to the knowledge of the world and of human experience<sup>(1)</sup>.

For nurses to use Jean Watson's Theory of Human Caring, they must delve into the propositions, assumptions, and concepts of the theorist, and interact and have affinity with the defined ideology<sup>(3)</sup>, as the transpersonal care presented by the theory<sup>(1)</sup> goes beyond the moment of care of nurses and the one-being-cared-for and is transposed to the lives of those involved in this relationship.

Watson's theory presents the Clinical Caritas Process, a care model based on nursing actions that gives form and structure to the human caring theory and helps nurses solve problems creatively<sup>(1)</sup>.

The Clinical Caritas Process consists of ten elements: practice of loving-kindness and equanimity in the context of caring consciousness; being authentically present and enabling and sustaining the deep belief system and subjective life-world of self and one beings cared for; cultivation of one's own spiritual practices and transpersonal self going beyond the ego self; developing and sustaining a helping-trusting, authentic caring relationship; being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit

and self and the one-being-cared-for; creative use of self and all ways of knowing as part of the caring process, to engage in the artistry of caring-healing practices; engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within others' frame of reference; creating healing environment at all levels (physical and nonphysical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated); assisting with basic needs, with an intentional caring consciousness, administering human care essentials, which potentiate alignment of mind, body, spirit, wholeness, and unity of being in all aspects of care; opening and attending to spiritual-mysterious and existential dimensions of one's own life-death, soul care for self and the one-being-cared-for<sup>(1)</sup>.

To study nursing care using Watson's theory, we must consider the various contexts in which nursing care is provided and cover health-sickness conditions. For this study, we chose to address the context of nursing in cardiology with emphasis on nursing care in the postoperative period of cardiac surgery.

The significant occurrence of cardiovascular disease in the population, the technological advancement toward its treatment, and the complexity and details of care required by people undergoing cardiac surgery with all the constant and abrupt changes require immediate and accurate nursing care. This care, however, often lack prior and scientifically grounded planning<sup>(4)</sup>.

Heart surgery is indicated when the probability of survival is greater with surgical treatment than with clinical treatment. It is considered major surgery and usually requires the use of a cardiopulmonary bypass. Patients undergoing heart surgery need intensive care and they are referred to an intensive care unit (ICU) in the immediate postoperative (IPO) period<sup>(5)</sup>.

For perioperative nurses to provide planned, ongoing, and individualised care they must understand the patient at all stages of the process, which essentially requires perioperative, transoperative, and postoperative assessments. Complex and intensive nursing care must be provided in the immediate and mediate postoperative stage due to the clinical and hemodynamic instability of the patient<sup>(6)</sup>.

In the context of severity, the epidemiological representativity of heart disease requiring surgery and the complexity of the required nursing care in the postoperative period, the production of knowledge on this subject can support nursing actions and provide a distinctive outlook for the care of these patients. To construct a transpersonal relationship, nursing actions must be based on a work methodology and nursing theories.

Consequently, the guiding question proposed for this investigation was, how does Watson's theory contribute to nursing care for cardiac patients in the postoperative period of heart surgery? To answer this question, the chosen objective was to know the contribution of Watson's theory to nursing care for cardiac patients in the postoperative period of heart surgery.

## ■ METHODOLOGY

This study has a research-care design with a qualitative approach, and it was conducted from June to August of 2013 with ten people with heart diseases, admitted in the ICU of a postoperative tertiary hospital specialising in the diagnosis and treatment of cardiac and pulmonary diseases, in the municipality of Fortaleza, Ceará, Brazil. Research originated from a dissertation entitled: *Cuidado clínico transpessoal de enfermagem dirigido ao ser-cardiopata no perioperatório de cirurgia cardíaca*<sup>(7)</sup>, of the Programa de Pós-Graduação Cuidados Clínicos em Enfermagem e Saúde da Universidade Estadual do Ceará - UECE.

Data were collected and analysed according to the stages recommended by the research-care method. The research-care method establishes a special and unique approximation of the researcher with the research subject in an interlacing of actions that benefit both subjects by enabling the collection and unveiling of data in the investigative and care process simultaneously. The method was created to address the particularities of nursing, with which it maintains a reciprocal link, and leads to results that can support nursing practices<sup>(8)</sup>.

The stages of this method are approaching the object of the study; meeting with the investigated-one-being-cared-for; establishing the research connections, theory, and practice of care; removal of researcher-caregiver and be studies subject-one-being-cared-for; analysis of the collected data<sup>(8)</sup>.

The study object was approached using an extensive review of literature on nursing care for patients in the postoperative period of heart surgery. This review was used to outline and analyse existing knowledge and create new incursions into the subject, providing confidence to the researcher and allowing use of Watson's theory for research follow-up.

The first interaction and encounter with the investigated-one-being-cared-for occurred when the subjects were invited to take part in the study. The criteria for inclusion were people between 18 and 60 years of age, with heart disease, who would undergo heart surgery for the first time through elective scheduling in the collection period. The criteria for exclusion were rescheduled surgery and a neurological deficit after surgery.

Data were collected through semi-structured interviews based on the ten elements of the Clinical Caritas Process, with questions for each element to elicit the care according to the context addressed in the respective element. A form-type data collection instrument was also used for the sociodemographic characterisation of the participants.

The statements were recorded, with participant authorisation, on a digital recorder and the observations of the researcher, such as body language, tone of voice, and crying, were written in a field journal. The field journal was used to ensure the completeness and accuracy of the thoroughly recorded information.

The stage of establishing the research connections, theory, and care practice was crucial for the successful application of the research-care method, as it is related to the coordination between research (research-care method), the theoretical framework (Watson's theory), and the practice (care provided at the moment of the meeting). This stage allowed the approximation of the researcher-caregiver with the investigated-one-being-cared-for, for the interviews.

This stage included the establishment of nursing care priorities, thought out in common agreement between the subjects of research and the researcher. This stage supported the establishment of nursing care to enhance the well-being of the one-being-cared-for.

The fieldwork took place in two priority moments to establish a transpersonal caring relationship. In the first meeting, in the ICU during the immediate postoperative period, which lasted approximately 40 minutes, the researcher noted that eight investigated-ones-being-cared-for were in narcosis, intubated, using ventilatory support, with central venous access in vasoactive drugs, chest tubes and mediastinum, and indwelling vesical catheter. In the other two situations, when the researcher-caregiver arrived at the ICU after surgery, investigated-one-being-cared-for were awake and subsequently extubated at night due to good hemodynamic stability and the early awakening. On this occasion, the researcher-caregiver stopped to be present and observe, and participated in the hands-on process of care, when necessary.

During the second meeting, also in the intensive care unit, during the mediate postoperative period, investigated-ones-being-cared-for were hemodynamically stable, so the researcher-caregiver used the data collection instrument. The priority was to respect the needs and opportunities presented by the ones-being-cared-for. The second encounter lasted approximately 60 minutes, which was sufficient to establish the transpersonal relationship.

The researcher-caregiver listened to the investigated-one-being-cared-for, encouraged him or her to express

their feelings, emotions, sensations, reactions, implications, risks, difficulties, and facilities in relation to hospitalisation at the ICU and after heart surgery.

During the periods in which the researcher-caregiver, registered nurse of the hospital, accompanied the ones-being-cared-for, he or she became involved in the nursing interventions/actions required to meet their needs, including, in addition to listening and the will to be present, activities such as dressing, drug administration, aspirations, etc.

The priority to accompany the researcher-caregiver in the immediate and mediate postoperative period to demonstrate the need to build a transpersonal relationship with patients suffering from clinical and hemodynamic instability. Patients in the late postoperative period are expected to be more stable and sympathetic to the nurses seeking to establish this transpersonal care.

The distancing of the researcher-caregiver and the investigated-one-being-cared-for demanded some sensitivity (researcher and one-being-investigated) to indicate the end of the meeting, considering its purpose. This moment was prepared during the entire methodological path to ensure the one-being-care-for-investigated was ready for the withdrawal of the researcher-caregiver and, subsequently, initiate the material analysis stage.

Despite this preparation, in some cases, the ones-being-cared-for reported feeling sadness and deception with the researcher-caregiver and claimed they felt more confident in his or her presence and hoped the care received during the hospital stay would continue.

To better understand the statements of the ones-being-cared-for after heart surgery, the information was analysed according to Jean Watson's theory and literature on the topic in question. Data were then subjected to thematic content analysis<sup>(9)</sup> to build categories of analysis based on the elements of the Clinical Caritas Process. Since the implemented nursing interventions complied with the needs of the ones-being-cared-for, it was not necessary to use all the elements of the Clinical Caritas Process.

The participants were invited to take part in the study. Those who agreed, signed in informed consent statement. The subjects were invited to participate before surgery, during which the study was explained to them. After they signed the informed consent statement, the researcher was named the researcher-caregiver (PC) and the research participants came to be called investigated-ones-being-cared-for (PQ), and identified according to the order of the interviews (PQ1... PQ10).

This study observed the regulatory standards and guidelines for research on human subjects, established in Resolution 466/12 of the Brazilian Ministry of Health<sup>(10)</sup>.

This study was approved by the Research Ethics Committee of the State University of Ceará, according to CAAE #12343213.3.0000.5534 and opinion #232.471, in 2013.

## ■ RESULTS AND DISCUSSION

The group consisted of ten investigated-ones-being-cared-for. Of these participants, nine were men, eight were aged between 40 and 50, and seven were married or in a stable relationship. With regard to origin, nine lived in the capital of the state of Ceará and one was from another state. In terms of religion, six were Catholic, three were Evangelicals, and one did not follow a specific religion. Seven participants had finished primary school and most of the subjects earned up to two minimum wages.

The thematic categories are the following: Awareness of being cared for by another being, System of beliefs and subjectivity, Helping-Trusting relationship, and Expression of feelings.

### Awareness of being cared for by another being

When the beings with heart disease studied in this investigation perceive the need to be cared for by unknown persons, even if these persons are health professionals, they experience a range of emotions, from happiness for being the one being cared for, to incapacity, for not being able to perform basic tasks, such as taking care of their own body.

The investigated-ones-being-cared-for stated that the experience of being taken care of by other people as important and valuable for their own wellness because the help transmits tranquillity. The revelations of positive feelings are expressed in the following lines:

*I feel good, it's different, my routine was different, I took care of myself, now everyone wants to take care of me, we feel important. (PQ7)*

*It's good to have them taking care of me, I could not handle it alone right now. (PQ4)*

*I never thought of having someone take care of my body, worrying about my life. (PQ9)*

*Negative feelings were also expressed during this period in terms of their need to be cared for by nurses.*

*To depend on others is strange, very bad. I don't like anyone looking after me. (PQ5)*

*I don't like it because of what it was [...] It had to be done now, I used to do it, not today, today I depend on the goodwill of others. (PQ3)*

*I've always been independent, taken care of myself, of my children, and my husband. Now I have to stay here, having people taking care of me. It's bad, I don't like to rely on others, it's complicated, it's weird. (PQ1)*

Another fact revealed during the study was the embarrassment of having their intimacy violated by the nursing staff during hygiene care.

*Here [postoperative ICU] it's worse, because I don't go to the bathroom alone and I get embarrassed. (PQ7)*

*It's bad to have to show your intimacy, sometimes, I feel bad. (PQ8)*

*I don't like being so exposed. (PQ10)*

The postoperative period of cardiac surgery was perceived as a moment that triggered an array of feelings for the hospitalised person, reinforcing the need to provide specialised and individualised nursing care

During the stay at the postoperative ICU, the investigated-one-being-cared-for handed over their bodies to the care of others, who must respect this moment and understand that the provided care produces changes in the professional and in the receiver of this care.

The awareness of receiving the care of others is related to the changes caused by the surgery, which depend on these beings and their experiences, that is, care is perceived as a contribution to recovery or an action that renders them incapable in their eyes and in the eyes of others.

Nurses must have the skills to provide genuine care, with love, and a sense of responsibility that permeates every care action, every intentional attitude, concern and attention.

The guidance provided by nurses can reduce and neutralise negative feelings arising from the surgical procedure and allow individuals to physically and emotionally prepare for procedures in the postoperative period<sup>(11)</sup>.

It is therefore important for nurses to be present and willing to listen, thus recognising the entire being. These actions are presented in the first Caritas Process<sup>(1)</sup>. When they are performed in depth and with intention related to loving-kindness and equanimity, they invite a form of fullness of mind/meditation in action in the process of nursing care.

To build a transpersonal relationship, nurses must be truly present and continuously search for self-knowledge

and the knowledge of others in all their nuances, so that, from that moment on, they can move beyond the repetitive performance of their activities and tasks, and create actions that respect others as unique and divine beings<sup>(12)</sup>.

Being receptive to others in a loving manner, with emphasis on being together, establishes conditions for a healing environment required for good recovery.

In another study, also conducted with patients in the postoperative period of cardiac surgery, the authors identified seven factors that hinder the construction of a healing environment: strange machines surrounding the patient, feeling that the nurse is in a hurry, being examined by doctors and nurses constantly, listening to teams utter incomprehensible terms, feeling that nurses are paying more attention to the equipment than the patient, being awakened by a nurse, and not getting explanations about treatment<sup>(13)</sup>.

Nurses can encourage the confrontations needed to build a healing environment by creating a bond of trust, considering the complexity, individuality, and diversity of human beings, and enabling better conviviality during and after surgical rehabilitation<sup>(14)</sup>.

The display of genuine affection between the beings involved in a transpersonal relationship reveal that feelings are occurring in a mutual exchange between the one-being-cared-for and the nurse, and consequently, help unveil the other in his or her entirety<sup>(1)</sup>.

By being genuinely present in relation to care, nurses allow the revelation of the person they are taking care of, not passively, but actively in the care process.

### System of beliefs and subjectivity

The search for spiritual support places people in situations of uncertainty, a possibility of unconditional support, creating positive benefits to counter the distressing moments and providing hope of a better life.

These revelations were identified in the statements of the investigated-ones-being-cared-for during the postoperative period of cardiac surgery. Hope and faith in a spiritual plane were observed after the surgical procedure. The investigated-ones-being-cared-for appreciated the grace they received and related the success of surgery to divine mercy:

*Thank God I'm here, if it weren't for Him, I don't even know what would become of me. (PQ1)*

*I have a lot to thank, God is very merciful. (PQ4)*

*I thank God first, He who guided their hands [doctors], so it all worked out. (PQ7)*

*I trust the word of God. I know He's done a lot, I came out well from the surgery, and with His grace, I'll be home soon. (PQ2)*

Thus, the revelations of the need for care are also related to the beliefs. The belief in a higher power provides a new possibility, not merely in the physical realm, but also in the spiritual realm.

The second Caritas Process addresses the need to be authentically present and to strengthen and sustain the belief system and subjectivity of the other. The maintenance of faith and respect for the belief of others are essential elements in the act of connecting. Without disregarding science, faith and hope must be instilled to enhance the immanent capabilities of the other<sup>(1)</sup>.

The third Caritas Process emphasises faith as the higher-order element of professional practice, and the need for constant learning and teaching this principle to others<sup>(1)</sup>.

Nurses must act without judging and remain genuinely present, presenting themselves as they are; transparent and without subterfuge.

For nurses to honour their belief system and cultivate spiritual practices that reach beyond their ego, they need introspection, meditation, and the constant re-evaluation of actions and forms of approximation. They must walk alongside the patient to achieve transpersonal care<sup>(12)</sup>.

### Helping-Trusting relationship

The relationship established between the being who provides care and the being who receives care depends on the intentionality of the beings involved, since transpersonal caring demands genuine rendition.

After surgery, during the period of stay at the postoperative ICU, the help-trust relationship between nurses and the ones-being-cared-for is intensified, as shown below:

*The nurses here [ICU compared to nursing-type units] are more attentive, anything that happens they ask if you feel pain or something else. (PQ1)*

*They [nurses] are very capable, I'm in the best place in the hospital for my recovery. (PQ2)*

*I really trust them, and you can see, they are experienced, they do everything right, they're worried about us. (PQ8)*

Among the nursing actions, listening and talking were considered unique aspects of the provided care, whether as an expression of affection or as a professional obligation.

*There are some [nurses] who comes here to talk, ask how*

*we are, but there are some that don't care much about us, they dress the wound, look at the monitor when it's beeping and that's it. (PQ4)*

*[...] 80% are good, but there are some that are far distant, they do everything out of obligation, not very willing. (PQ2)*

The nurses who established transpersonal care were identified and valued by the investigated-ones-being-cared-for.

*They [nurses] are always there seeing how we are, talking, asking how*

*things are, if we're feeling pain, if the fatigue worsened, if the shortness of breath got worse.*

*It's like, we call them if we need anything, they never deny us anything, they always come here. (PQ9)*

*The nurses are very friendly, everything we ask, they do. They are different from other places, they treat us like people. (PQ7)*

During the postoperative period, the investigated-ones-being-cared-for also related trust with the nurses, in light of their observation, when watching them work quickly, safely, and in constant movement, as shown below

*They [nurses] are very professional, friendly and solve everything quickly. The staff here are professional, they are excellent. (PQ7)*

*They're good, I trust them, nothing to complain about. They know a lot, they are always doing something, they don't stop ever. (PQ6)*

*Here they do everything quickly, there are a lot of people, there are lots of nurses, there in the unit there are only two, you feel more confident. If you need anything, they are there, and then we have the doctor all day. (PQ9)*

Other elements identified by the investigated-ones-being-cared-for as generators of good care were the punctual administration of medication and aseptic and skilful procedures.

*They give you your medicine on time, and things work well here. (PQ3)*

*They do it all right, with technique, it doesn't hurt. (PQ2)*

*They give you the medicine properly, on time as it's supposed to be. (PQ8)*

However, some investigated-ones-being-cared-for stated the nursing staff was disengaged during procedures, and even careless, lacking concern to cause as little harm as possible to the subject under their care or in using an aseptic technique.

*Some of the nurses here are perverse, they come take blood from that thing on our arm [invasive blood pressure catheter], they don't know how to take it out, there's blood and it makes a mess. If we complain, they give you a dirty look. I don't trust them. (PQ1)*

*They come do things with their phone on their ear, they get things without gloves, and don't even wash their hands. (PQ2)*

These statements confirm the need for nurses to view others as beings in need of care, and each movement, touch, look, and gesture is part of that care. The encounter with a patient is never neutral. Nurses must recognise that their presence is as important as the technical procedure they are performing<sup>(15)</sup>.

In transpersonal care, nurses can build helping-trusting relationships, and this bond was fragile in the statements of the investigated-ones-being-cared-for. Relationships must be entered into in a genuine manner, as lack of authenticity in relationships hinders the construction of a bond and makes any care superficial since the detection of real care needs is impaired.

The fourth Caritas Process allows nurses to build this helping-trusting relationship with others and the satisfaction of real needs, thus enabling the being with heart disease to restore their lives, even with an adverse condition.

It is difficult for health workers to perform transpersonal activities since the biological needs of the subjects require the immediate and effective use of procedures and machines, often forcing them to value the use of hard technologies rather than other technologies. It is precisely in this dynamic between the thin line of objectivity and intersubjectivity where the nurse must structure care<sup>(16)</sup>.

### Expression of feelings

Heart surgery triggers a range of feelings in the investigated-ones-being-cared-for that must be identified by the nurses so they can encourage patients to express these

positive or negative feelings. The positive feelings are expressed in the following statements:

*I'm here alive, that's a lot, I know it's going to be all right, in a couple of days I'll be at home, taking care of my children. I am fine. (PQ1)*

*After I woke up, I was happy, you know, I'm alive! Now I just have to get out of here. (PQ5)*

The happiness they express when they realise they are alive after surgery gives the investigated-ones-being-cared-for hope for a better future.

The negative feelings, however, were also expressed in the statements in the postoperative period. The subjects feel insecurity regarding discharge from the ICU and their return home, their fear of not being able to do the same things they did before their disease, and the uncertainties regarding recovery.

*Here we are monitored, there [nursing ward] there are fewer people, if I get sick what's going to happen. I don't know if I am as good as I was. (PQ9)*

*It's complicated, I'm afraid, I don't know how it will be when I get out of here. I had my life, my duties. My wife is struggling to pay the bills. (PQ6)*

*It's going to be difficult when I get home, it's just me and my mum, I'm afraid to be unable, for recovery to take too long, I can't keep doing mischief and I still have the bills, what's it going to be like. (PQ8)*

The investigated-ones-being-cared-for fear returning to the nursing ward since, according to them, there are fewer workers and a different care dynamic than in the ICU, exposing them to adverse conditions and the risk of not getting the necessary care. This fear is also related to uncertainties regarding their return to work and the possibility of disabilities, forcing them to depend on the help of others to perform activities that were previously their responsibility.

It appears that the feelings of anxiety, insecurity and fear are relevant and should be addressed in the postoperative period of cardiac surgery<sup>(17)</sup>. These feelings are common in invasive procedures and major surgeries, such as heart surgery, because of the unfamiliar surroundings, unknown people, and constant stress situation<sup>(18)</sup>. In most cases, the investigated-ones-being-cared-for were afraid of losing their jobs.

A study conducted with people after heart surgery corroborate the findings of this investigation. According

to the authors, changes in the work routine affect the emotional, economical, and financial lives of the subjects, the family, and the home, as, in most cases, these subjects were the breadwinners. Consequently, the individuals feel sadness and dismay, and become hostile toward the new living process<sup>(14)</sup>.

In the fifth Clinical Process, health workers must encourage the expression of emotions and make themselves available to listen to the subjects as they talk about their feelings and anxieties<sup>(1)</sup>.

Health workers must become listeners and allow the one-being-cared-for to express their feelings. This openness and established closeness with others help people express their feelings more naturally.

Once nurses identify the negative feelings, they must be sensitive enough to identify the moment these feelings are unexpected or abnormal and start to jeopardise the wellness of the subjects, hindering their recovery.

For nurses to identify these situations, they must prioritise communication and change their focus and attitude; from doing to listening, observing, understanding, detecting needs, and planning action. To listen is not merely to hear; it requires silence and gestures that express acceptance and encourage the expression of feelings<sup>(19)</sup>.

Nurses must be aware of the reality in which they work to effectively contribute to care and collaborate toward the recovery of people, thus hastening hospital discharge.

The use of Watson's theory in the process of care for patients in the postoperative period of cardiac surgery supports the identification of care demands by allowing nurses to expand their perception, detect needs beyond the physical requirements, and view the one-being-cared-for in a multidimensional manner that unifies mind-body-spirit. These actions support the construction of a transpersonal caring relationship, which is an advance in relationships between nurses and patients.

## ■ FINAL CONSIDERATIONS

The findings of this investigation shed valuable light on how the actions of nurses who use the Clinical Caritas Process proposed by Jean Watson can better identify care needs, and plan, implement, and construct transpersonal relationships between caregivers and the ones-being-cared-for.

One of these care needs occurs during the postoperative period of cardiac surgery, when the investigated-ones-being-cared-for revealed difficulties in receiving care from others, possibly related to the lack of bonds between those who care and those who receive care. Therefore, nurses should review their manner of being present with others and use transpersonal care to create a helping-trusting relationship.

The belief in a divine being provided the investigated-ones-being-cared-for with the hope of a quick recovery and a swift return to the family home and work. Faith and piety support these beings and allow them to dream of better days. Consequently, nurses must use subjectivity and beliefs to encourage the use of religion as a way to support these beings in times of difficulties, while respecting the system of beliefs, culture and world of subjective life of each individual without analysis or judgment.

From the perspective of the investigated-one-being-cared-for, quality nursing care was related to the willingness of nurses to provide genuine care, and nurses were considered good when moved by intention, love and affection. Listening and talking were considered actions that set the provided care apart from the rest, suggesting that nurses should create and maintain a genuine relationship with care, support, and trust.

This investigation brings benefits to the practice field and instigates nurses to reflect on their conduct at work, as the caregivers of people with cardiopathy in the postoperative period of heart surgery, and value transpersonal care that seeks the individuality of people in a genuine interaction between the one who provides care and the one who receives care. These findings can improve the nursing practice and provide opportunities for scientific advancements to consolidate nursing as a science.

The numbers of participants is recognised as a limitation of this study; however, this does not make it less relevant since by using Watson's Clinical Caritas Process in the care of cardiac patients in postoperative ICU care, usually related to burnout, nurses can understand the importance of transpersonal care for the expansion of their actions and, with others, create a favourable environment to improve the quality of life of subjects involved in this relationship.

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