

# The search for the therapeutic environment: contemporary challenges in the age of technology

## A busca do ambiente terapêutico: desafios contemporâneos na era da tecnologia

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At 5:53 a.m., I started writing this editorial while I was in a private hospital accompanying my mother, who had been diagnosed with dementia and pneumonia. Perplexed at the loss of the much-prized “therapeutic environment” advocated by Florence Nightingale, I felt the urgency to address this topic before dawn, fearing that I would lose the motivational impetus that drove me forward.

Before I took on this scientific journal’s editor role, this subject was on my mind. Since 2019, when I was hospitalized for 72 hours for a cesarean section, I’ve seen how hospitalization in private institutions has become something akin to a hotel stay, with the introduction of various outsourced services. Unfortunately, some of these services were linked to companies that used the hospital context to promote and sell their products. Amid the childbirth experience, in such a vulnerable situation, I found myself confused because I didn’t feel that I was going through a reparative process. I reflected on basic concepts, such as controlling lighting and noise, and it seemed clear that I needed the most rest, especially when my daughter stopped crying and was confronted with the difficulty of adapting to the world outside the womb. However, the health team did not share this concern. Nor the cleaning staff, the vaccination team, and so on... Everyone came into the room, turned on the lights, gently woke me up, greeted me, and asked about the cleaning done the day before and other matters related to quality control. Every thirty minutes, someone different came in with different questions, and always accompanied by lots of light and noise. Everyone believed they were looking after me, but they were obstructing my recovery process.

Later, I had another experience of being admitted to the hospital with my daughter, who was just two months old, in the same institution. Visits were less frequent, but night-time interruptions were constant. I realized that the healthcare team’s priority was to maintain standardized schedules. Recalling the appointments for checking vital signs, often made by me and taught to Fundamentals of Nursing students in theoretical-practical classes, I questioned the absolute need for this procedure, which is not linked to nursing diagnoses. Everyone had their vital signs checked every six hours as part of an established routine. The patients were woken up at least once during their night’s sleep, a crucial period for the repair process. Was this necessary for all patients? Should maintaining a therapeutic environment not be a priority for some?

When contemplating the ideal environment for the reparative process, described by Florence Nightingale<sup>(1)</sup> in 1898, the central theme of this editorial, I can’t help but evoke Wanda de Aguiar Horta’s teachings on basic human needs, based on Maslow’s famous pyramid<sup>(2)</sup>. Reflecting on nursing practice and education, I question the excessive concern with monitoring hemodynamic status, considering the impact of this care on sleep and rest. My criticism, presented here, relates to situa-

tions in which the patient is hemodynamically stable and could have their sleep preserved and prioritized to ensure the recovery process through a therapeutic environment. This would likely happen in practice if the nursing process were individualized. However, I notice that even in institutions recognized for the quality of care they provide, with good health indicators, this doesn't happen. Even with the implementation of individualized care, checking vital signs remains unchanged.

In the context of adaptation to the hospital environment and the need to preserve energy for repair or even recovery from the health-disease process, sleep is often interrupted several times for the "routine checking of vital signs." But is that the priority? That same year, my two-year-old daughter was admitted to another institution, also private. Without going into other questions about pediatric care, the times for checking vital signs were the same. Blood pressure was not checked, but oxygen saturation and other hemodynamic parameters were measured every six hours. Was waking up a child who was frightened about being hospitalized to check these signs restorative? I question this because she had no respiratory signs or symptoms. Her saturation fluctuated between 98% and 100% every time she woke, and she cried frightened.

I'm not questioning the need to check vital signs periodically. Still, I am suggesting a reflection on maintaining a therapeutic environment, the first teaching of Modern Nursing. As a professor of Fundamentals of Nursing for 20 years, discussing the nurse's critical thinking as an indispensable component in practice, I bring this reflection to practicing nurses and managers, educators, and researchers in the field of nursing.

We live in the Digital Age, where artificial intelligence (AI) dominates every aspect of daily life. Routinizing nursing practice is the shortest way

to robotizing it. It is imperative to consider its possible benefits and harms in this context. On the one hand, AI can offer tools and systems that optimize healthcare management, enabling the collection and analysis of data in real-time to identify patterns and trends and assist in clinical decision-making. However, there is a risk that the indiscriminate application of AI will lead to excessive standardization and the loss of individualized care, as is already observed with the routine checking of vital signs. Furthermore, the growing dependence on technology can negatively affect the relationship between health professionals and patients, reducing empathy and sensitivity in care. In addition, the privacy and security of patients' health data may be subject to vulnerabilities and cyber attacks, raising ethical and legal questions.

Therefore, when addressing issues related to the therapeutic environment and nursing practice, it is essential to consider the role of artificial intelligence and its impact on the humanization of healthcare. A balance must be struck between using innovative technologies and preserving the humanistic essence of nursing, ensuring that patient-centered care remains a priority.

I invite the readers and authors of this journal to respond to this editorial by writing a "Letter to the Editor." I also suggest that future editorials address nursing care practice, promoting dialog and deepening the subject from the perspective of artificial intelligence and its interaction with human care.

## REFERENCES

1. Nightingale F. Notes on Nursing by Florence Nightingale. [place unknown]: Carol David and PG Distributed Proofreaders, 1898.
2. Horta WA. Processo de Enfermagem. Porto Alegre: EPU, 1979.



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