BEHAVIOR OF NURSING PROFESSIONALS AND THE IMPLEMENTATION OF HOSPITAL HUMANIZATION POLICY

Comportamentos dos profissionais de enfermagem na efetivação da humanização hospitalar

Comportamientos de los profesionales de enfermería en la efectividad de la humanización hospitalaria

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ABSTRACT

Objective: identify the behaviors of nursing professionals that favor the implementation of hospital humanization. Method: this is an integrative review of the literature using the SciELO, LILACS, IBECS, MEDLINE and Cochrane Library databases. The search was performed in October 2018, with the final sample of 20 articles. Results: it was observed, after reading in full, the delimitation of 3 thematic axes regarding Professional empowerment; Hospital reception; and Communication and interrelationship in the hospital environment, being identified in the studies that focus on the subject. Conclusion: it was revealed that nurses develop management functions, direct patient care and manipulation of technology used in specialized environments. Such attributions lead to the professional overload and the distancing of humanized assistance.

Keywords: Humanization of assistance; Health related behaviors; Hospital assistance; Nursing care; Nursing.

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RESUMO

Descritores: Humanização da assistência; Comportamentos relacionados com a saúde; Assistência hospitalar; Assistência de enfermagem; Enfermagem.

RESUMEN
Objetivo: identificar los comportamientos de los profesionales de enfermería que favorecen la implementación de la humanización hospitalaria. Método: se trata de una revisión integrativa de la literatura realizada a través de las bases de datos SciELO, LILACS, IBRACS, MEDLINE y Biblioteca Cochrane. La búsqueda fue realizada en octubre de 2018, teniendo como muestra final 20 artículos. Resultados: si se observa, después de leer en su totalidad, la delimitación de 3 partes temáticas relativas al empoderamiento profesional; recepción hospitalaria; y Comunicación e interrelación en el entorno hospitalario, indicándose de manera significativa en los estudios que orientan el tema. Conclusión: se reveló que las enfermeras desarrollan funciones de gestión, atención directa al paciente y manipulación de la tecnología utilizada en entornos especializados. Tales atribuciones permiten la sobrecarga profesional y el distanciamiento de la asistencia humanizada.

Descripción: Humanización de la asistencia; Comportamientos relacionados con la salud; Asistencia hospitalaria; Asistencia de enfermería; Enfermería.

INTRODUCTION
The humanization of health care consists of communication, dialogue, relationship and interaction of managers and professionals with patients and families in order to treat health problems. Thus, as a consequence of the complexity of the implementation of the guidelines of the Unified Health System (SUS) in Brazil, the Ministry of Health, in 2003, launched the National Policy of Humanization of Hospital Assistance (PNHAH). Its main objective is to promote the SUS principles through health care with quality based on human values, and better working conditions for professionals.1-2

The PNHAH Handbook defines humanization as guaranteeing the word its ethical dignity. Human suffering and perceptions of bodily pain or pleasure, to be humanized, need effective communication in which there is reciprocity of understanding on both sides.3

In the context of humanization in nursing, Hildegard Peplau, in 1952, based on the Theory of Interpersonal Relations in Nursing proposes that the therapeutic approach and the interpersonal relationship with the patient will influence the identification of health problems and their solvability, enabling the nurse to assume responsibility for comprehensive patient care.4

The communication between the health professional and the family members contributes to the successful humanization during hospitalization, requiring the reception of these family members and monitoring of the patients’ health condition, sharing feelings about the situation in which they find themselves, strengthening bonds and the patient’s will to live.5-7

The hospital humanization process involves the environment, users and professionals, who are responsible for meeting the needs of patients, respecting and valuing the conditions of each one. Some sectors, such as those of high complexity treatments, are equipped with technological devices and equipment that are fundamental for the proper care of the patient. However, these environments start to use technology as a sole focus of care, moving away from humanized care and relationship between professionals and patients, distancing from the concept of holistic care.7-8

Thus, the workload of nursing professionals also enhances physical and mental influences that reflect the dissatisfaction of the professionals, negatively interfering in humanized patient care.9

For the effectiveness of humanization in the process of care, it is essential that nurses avoid care that focuses only on the technique of the procedures to be performed. Instead, they should be concerned with perceiving, listening and recognizing physical, psychological and emotional needs of each individual, bypassing the biomedical model, obtaining a holistic view of the patient, resulting in the reduction of their anxieties and fears arising from the hospitalization process.8-10

In addition, nursing professionals should actively participate and express themselves changing work management, and organizational and professional recognition. The applicability of humanized approach becomes possible only if interrelationship among managers, health workers, patients and their families in the care assistance process exists.10-11

Facing the understanding that the behavior of these professionals can interfere in hospital humanization, the main question arises: What are the behaviors of nursing professionals related to the implementation of hospital humanization?

To answer this question, the objective of this study is to identify the behaviors of nursing professionals that favor the implementation of hospital humanization.
METHOD

This is an integrative review, aiming to gather and synthesize research results on a particular theme or issue, deepening the study examined. This research includes six steps: establishment of the guiding question of the study, identification of the inclusion and exclusion criteria of the studies found, definition of the information to be extracted (data collection) and analysis thereof, categorization of the selected studies, discussion and interpretation of the results and presentation of literature review.

The survey was conducted in October 2018 through the databases SciELO, LILACS, IBECS, MEDLINE and Cochrane Library.

Data was collected through the literature review in the journals, using the descriptors with Boolean connectors: “nursing” AND “humanization” AND “hospital” with the help of the “Descriptors in Health Sciences”; in line with the inclusion criteria: articles published in full in Portuguese, which are linked to the proposed theme of this review, published between 2013 to 2018, excluding duplicate articles in the database, theses, dissertations, manuals and experience reports.

In the search process, 330 works were identified, although only 20 met the established criteria and were included in the sample of this review. The analysis of the results and presentation of the synthesis of knowledge was done based on content analysis according to Bardin, allowing the identification of 3 thematic axes. The first deals with the professional attitude, the second is related to the act of being welcoming and the third refers to the use of good communication.

The results were presented in tables using descriptive statistics, using the following variables: article number, authors, title, objectives and the year of publication of the scientific journals in which they appeared.

RESULTS AND DISCUSSION

In the present integrative literature review, 20 articles that met the previously established inclusion criteria were analyzed. As for the journals in which the articles were published, eight (40%) were obtained from Rev. pesqui. cuid. fundam. (Online), two (10%) in the Journal of the Ana Nery School of Nursing, two (10%) in Rev. baiana enferm., and with data analogous to one (5%) were the following journals: Rev. enferm. UFPI; Rev. sick
1st Thematic Axis: Professional Empowerment

Table 1 - Articles under the 1st Thematic Axis (Professional Empowerment): article number, authors, title and objectives

<table>
<thead>
<tr>
<th>Nº of the article</th>
<th>Authors</th>
<th>Title</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Roseiro CP, Paula KMP</td>
<td>Conceptions of humanization of professionals in Neonatal Intensive Care Units</td>
<td>To investigate the conception of humanization of the team of professionals from three Neonatal Intensive Care Units of the Greater Vitória Metropolitan Region, Espírito Santo.</td>
</tr>
<tr>
<td>16</td>
<td>Freitas FDS, Silva RN, Araujo FP, Ferreira MA</td>
<td>Environment and Humanization: Resumption of Nightingale Speech in National Humanization Policy</td>
<td>Identify the constitutive elements of the concept of environment in the official documents of the National Humanization Policy and analyze the relations between them and the promotion of care environment advocated by nursing.</td>
</tr>
<tr>
<td>17</td>
<td>Neto AVL, Nunes VMA, Fernandes RL, Barbosa IML, Carvalho GRP</td>
<td>Reception and humanization of assistance in an adult emergency room: nurses’ perceptions</td>
<td>Describe the perceptions of nurses working in an emergency room for adult patients about the humanization and reception with risk classification.</td>
</tr>
<tr>
<td>10</td>
<td>Rodrigues AC, Calegari T</td>
<td>Humanization of care in the pediatric intensive care unit: nursing team perspective</td>
<td>To analyze the nursing team’s view on the humanization of care for children and families in the Pediatric Intensive Care Unit</td>
</tr>
<tr>
<td>18</td>
<td>Morais RCM, Marcatto M</td>
<td>Humanization in neonatal care: the nursing team’s conception</td>
<td>To research the conception of humanized neonatal care in the nursing team’s view.</td>
</tr>
</tbody>
</table>

Humanized care requires the nursing professional to adopt a posture based on the duties and rights of their profession, having as primary goals excellence in care based on scientific knowledge and method, which raises the standard and supports the practice of this profession, as well as impacts on integral and humane assistance.15

Humanization should be extended to all health services, but it is in the instances of tertiary care that often greater difficulties for its implementation exist, for various reasons. The main reason is that such services are intended for high complexity care, since for humanization by nursing, this professional must adopt a professional stance based on sensitivity and solicitude towards the patient’s needs.16

In order for humanization to be implemented in the hospital environment, a project must be drawn up that includes the experience of social processes and professionals; sharing of knowledge and actions; praising the professional’s attitude regarding the incorporation of safe practices so that humanization policy is implemented.17-18

Nursing as well as other professions use their knowledge of the world and their specific knowledge to provide this care, use dialogue, interpersonal interaction, techniques and procedures to care. However, on certain occasions, the ways of caring may be contradictory, contrasting with the personal characteristics and behavior of the caregiver. Therefore the professional attitude must be linked to the ethical commitment to the profession; because the implementation of humanization approach will be positive and of high quality, if the intentionality of the practitioner adds values and meanings to their practice.10
# 2nd Thematic Axis: Hospital Reception

Table 2 - Articles under the 2nd Thematic Axis (Hospital Reception): article no., Authors, title and objectives

<table>
<thead>
<tr>
<th>Nº of article</th>
<th>Authors</th>
<th>Title</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Oliveira LC, Silva RAR, Medeiros MN, Queiroz JC, Guimarães J</td>
<td>Humanized caring: discovering the possibilities in mental health nursing practice</td>
<td>To identify humanized care as an instrument of the reorganization of mental health nursing practice.</td>
</tr>
<tr>
<td>20</td>
<td>Chernicharo IM, Silva FD, Ferreira MA</td>
<td>Characterization of the term humanization in care by nursing professionals</td>
<td>To analyze sociodemographic data that characterize the professionals participating in the research, identify the meanings attributed by nursing professionals to the terms humanization and non-humanization and analyze them in light of the precepts of the National Humanization Policy.</td>
</tr>
<tr>
<td>21</td>
<td>Cassiano AN, Araujo MG, Holanda CSM, Costa RKS</td>
<td>Nurses’ perception about humanization in immediate postpartum nursing care</td>
<td>To know the nurses’ perception about the humanization of postpartum care in a public hospital in Seridó region, Rio Grande do Norte (RN).</td>
</tr>
<tr>
<td>23</td>
<td>Silveira RE, Contim D</td>
<td>Health education and humanized nursing practice in intensive care units: bibliometric study</td>
<td>Address the participation of the nurse as the main caregiver and health educator inserted in the ICU.</td>
</tr>
<tr>
<td>24</td>
<td>Chernicharo IM, Freitas FDS, Ferreira MA</td>
<td>Humanization in nursing care: contribution to the debate on the National Humanization Policy</td>
<td>Identify and analyze the elements that make up the representations of nursing professionals and users about humanization in care; and discuss strategies that contribute to the implementation of the National Humanization Policy.</td>
</tr>
<tr>
<td>25</td>
<td>Ribeiro KRA, Borges SP, Balduino JAS, Silva FA, Ramos TMST</td>
<td>Difficulties encountered by nursing to implement humanization in the intensive care unit</td>
<td>To analyze articles related to humanization in the Intensive Care Unit provided by the nursing staff.</td>
</tr>
<tr>
<td>26</td>
<td>Duarte MLC, Noro A</td>
<td>Humanization of care in the radiology sector: difficulties and suggestions of nursing professionals</td>
<td>Identify the main difficulties and suggestions of nursing professionals for a humanized practice.</td>
</tr>
<tr>
<td>21</td>
<td>Lima KYN, Monteiro AI, Santos ADB, Gurgel PKF</td>
<td>Humanization and reception in the conception and practice of nursing students</td>
<td>To analyze the comprehension of the students of the last period of the undergraduate nursing degree regarding the principles of humanization and reception that guide the single health system and its application in care practice.</td>
</tr>
</tbody>
</table>
Reception is an organizational arrangement that enhances humanized care and is included in the guidelines of PNHAH. The nurse must adopt it so that humanization can be put into practice. It is understood and characterized as a way of operating the healthcare work processes in order to serve all who seek these services by listening to their requests and assuming a posture capable of welcoming, listening and agreeing on more appropriate responses to patients.19

Reception involves several behaviors such as: accept, listen, give credit, receive, attend and admit. It is an act or effect of welcoming, that is, an attitude of rapprochement. It is defined as one of the most relevant ethical / aesthetic / policy guidelines of PNHAH.20-21

In general, the humanization of care is perceived by the nursing staff as the promotion of comprehensive care, allied to the premise of the indispensable demonstration of feelings of attention, affection, respect and empathy in the relationships established between professionals and users, where welcoming allows the enhancement of this policy.21

Nursing hospital humanization is an indispensable health strategy, and still represents an important challenge for nurses who use link the act of welcoming the patient with the available technology, thus permitting the creation of bonds and a more targeted care, providing better conditions for the service user.23

The researchers Chernichoro, Freitas and Ferreira24 argue that the welcoming is a tool that values the experiences of the subjects and attentiveness to their needs, considering that during this practice the professional maps the priorities in the care of patients so that they can receive effective and adequate medical treatment, which is a manner of humanizing the care in the hospital environment.

Nursing staff should be aware of the complaints, signs and symptoms of the patient, in an attempt to identify risks and vulnerabilities.19

For the implementation of humanization approach in the hospital, nursing should, besides developing behaviors related to the reception directive, have subsidies so that they can program their care. That is, the service must have the technology necessary humanized and more effective care healthcare.25

Nurses need to reflect on the values of dignified and humanized care, in addition to the principles that permeate their profession, so that they can tailor care to patients. Promoting the optimization of their work activity and user assistance, establishing favourable environment.26

3rd Thematic axis: Communication and interrelationship in the hospital environment

Chart 3 - Articles under the 3rd Thematic Axis (Communication and interrelationship in the hospital environment): article no., Authors, title and objectives.

<table>
<thead>
<tr>
<th>Nº of article</th>
<th>Authors</th>
<th>Title</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Carli BS, Ubessi LD, Pettenon MK, Righi LB, Jardim VMR, Stumm EMF</td>
<td>The theme of humanization in intensive care research</td>
<td>Systematize indexed studies in Scielo and Medline on humanization in the Intensive Care Unit.</td>
</tr>
<tr>
<td>30</td>
<td>Mendonça ET, Lopes JM, Ribeiro L, Sá FBB, Oliveira DM, Salgado PO</td>
<td>Conceptions of nursing technicians about the humanization of care in the operating room</td>
<td>Understand the knowledge of nursing technicians about humanized patient care in the intraoperative</td>
</tr>
<tr>
<td>29</td>
<td>Cavalcante AKCB, Damasceno CAF, Miranda MDS</td>
<td>Humanization of hospital emergency care: nurses’ perception</td>
<td>Identify and analyze the perception of nurses about humanization in hospital emergency care.</td>
</tr>
<tr>
<td>28</td>
<td>Barbosa AC, Terra FS, Carvalho JBV</td>
<td>Humanization of perioperative medical and nursing care to a patient in a university hospital</td>
<td>Identify the feelings experienced in the perioperative period, check the existence of preoperative guidelines and the satisfaction of patients regarding the care provided.</td>
</tr>
<tr>
<td>27</td>
<td>Dias KCCO, Lopes MEL, França ISX, Batista PSS, Batista JBV, Sousa FS</td>
<td>Strategies to humanize care for the hospitalized elderly: study with care nurses</td>
<td>Investigate the strategies that assistive nurses employ to assist the elderly</td>
</tr>
<tr>
<td>2</td>
<td>Santos EL, Dórea SNA, Maciel MPG, Santos LKF, Silva MB, Moraes MGL</td>
<td>Humanized assistance: the perception of the nurse in intensive care unit</td>
<td>Analyze the perception of the nurse in intensive care unit of humanized assistance</td>
</tr>
</tbody>
</table>
In humanized care, communication is an effective tool for establishing a good relationship between the nursing team and the patient. It should be guided by listening, seeking to offer them information clearly and objectively, clarifying their doubts and concerns. It should also be linked to the process of integral care, directed to the person, regardless of their life context.27

Thus, as affection and interest are behaviors derived from human characteristics, communication through verbal or nonverbal language is also linked. Therefore, nurses can use different actions to enhance the humanization of care in its various sectors, especially in hospitals.28

The humanization of care by nursing professionals is based on a professional / client relationship, including personal characteristics, looking at needs, dialogue, attentive listening, holistic view, empathy, moral and ethical values.

For an effective humanized care, the professionals should be able to put themselves in the patient's place, have the attitude adequate for communicating with them, establishing a more harmonious and pleasant environment. This established communication must be efficient, seeking further development of the dialogue that has been established. Without communication there is no humanization, since the principle of humanization is focused on the ability to speak and listen, so that appropriate care is implemented in order to meet the patient's needs.29 30

Communication is fully linked to work situations and hospital care, through listening and understanding of the hospitalized person and the affections involved in the process. Its implementation includes clarification of their health condition, treatment, procedures, hospital operation, discharge and post-discharge situations, bioethical issues, with the purpose of enhancing well-being and minimizing the suffering or pain of people who go through intensive care.

CONCLUSION

It was revealed that nurses assume management functions, direct patient care and manipulate technology used in specialized environments. Such attributions lead to the professional overload and low prioritization of humanized assistance.

However, publications related to humanized care in the hospital environment allow nursing professionals to pay attention to this theme, which is sometimes not explored in daily work. Thus, health professionals, such as managers and nurses, can, based on their conduct and care of patients, base their actions on human and holistic values regardless of the type of treatment, sector or clinical condition of the patient.

It is apparent that there are problems in the implementation of humanization by professionals in general. However, scientific work that evaluates health institutions regarding the transmission of continuing and / or permanent education focused on the humanization of care and its dissemination, is scarce.

We highlight the need for further studies that evaluate the practice of humanized approach by health professionals, as well as their understanding of the theme. Such studies would influence the development of scientific inputs, such as continuing education, for the dissemination of successful techniques used by professionals in health care institutions.

REFERENCES


