



RESEARCH

NURSING STAFF AND THE CARE DEVICES IN THE CHILDBIRTH PROCESS: FOCUS ON HUMANIZATION

EQUIPE DE ENFERMAGEM E OS DISPOSITIVOS DE CUIDADO NO TRABALHO DE PARTO: ENFOQUE NA HUMANIZAÇÃO

EQUIPO DE ENFERMERÍA Y LOS DISPOSITIVOS DE CUIDADO EN EL TRABAJO DE PARTO: ENFOQUE EN LA HUMANIZACIÓN

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ABSTRACT

Objective: To know the devices enabling the humanization of care in the everyday of the nursing staff during the delivery process. **Method:** It is a descriptive study, with a qualitative approach, developed in a public maternity of the city of Maceió/AL, Brazil. The research participants were 15 professionals of the nursing team. The data were collected by means of free observation and semi-structured interviews, and they were submitted to analysis of categorical content by theme, as proposed by Bardin. **Results:** The welcoming and bond established with the woman, as well as the guidelines provided, lead the parturient woman to a sense of security and positively contribute to the childbirth process. Furthermore, it should also be noted that job satisfaction is shown as an important element for the development of a humanized care. **Conclusion:** The nursing team plays an important role in the care to the woman in the delivery process, thereby implementing important mechanisms in the conduction of the comprehensiveness of the care. **Descriptors:** Labor, Nursing staff, Humanization of Care.

RESUMO

Objetivo: Conhecer os dispositivos que possibilitam a humanização do cuidado no cotidiano da equipe de enfermagem durante o processo de parturição. **Método:** Estudo descritivo, com abordagem qualitativa, desenvolvido em uma maternidade pública de Maceió/AL, Brasil. 15 profissionais da equipe de enfermagem participaram da pesquisa. Os dados foram coletados por meio da observação livre e da entrevista semiestruturada, sendo submetidos à análise de conteúdo categorial por temática, proposta por Bardin. **Resultados:** O acolhimento e vínculo estabelecido com a mulher, assim como as orientações fornecidas, remetem à mulher uma sensação de segurança e contribui favoravelmente para o processo de parturição. Também se evidencia que a satisfação profissional mostra-se como elemento importante para o desenvolvimento de um cuidado humanizado. **Conclusão:** A equipe de enfermagem tem papel importante no cuidado à mulher no processo de parturição, implementando dispositivos importantes na condução da integralidade da assistência. **Descritores:** Trabalho de parto, Equipe de enfermagem, Humanização da assistência.

RESUMEN

Objetivo: Conocer los dispositivos que permiten la humanización de lo cuidado en la cotidianidad de la equipo de enfermería durante el proceso de parto. **Método:** Estudio descriptivo, con estrategia cualitativa, desarrollado en una maternidad pública de Maceió /AL, Brasil. 15 miembros del equipo de enfermería participaron en la encuesta. Los datos fueron recogidos a través de libre observación y entrevistas semiestructuradas, siendo sometidos a análisis de contenido categorial por temática, propuesta por Bardin. **Resultados:** La acogida y vínculo establecido con la mujer, así como las orientaciones ofrecidas, remiten la mujer a una sensación de seguridad y contribuye positivamente al proceso de parto. También muestra que la satisfacción en el trabajo es un elemento importante para el desarrollo de una atención humanizada. **Conclusión:** El equipo de enfermería desempeña un papel importante en el cuidado de las mujeres en trabajo de parto, implementando dispositivos importantes en la ejecución de la integralidad de la asistencia. **Descriptores:** Trabajo de parto, Equipo de enfermería, Humanización de la asistencia.

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INTRODUCTION

With the process of institutionalizing the childbirth, the woman is subject to hospital admission to receive professional health care during the delivery process. This process can be a factor generating stress, because, besides the separation of the family and of her home environment, the woman will be faced with different rules and routines specific to the hospital environment, which are added to the anxiety before the changes required by status of motherhood.¹

In this context, it is considered that the care offered to the parturient needs to be focused not only on procedures and pre-established technical standards, but in appreciation of individuality, since the human being is different by its own nature and has specific characteristics, which must be respected, valued and considered.²

Accordingly, the professional attitude is of great importance in caring to the parturient, taking into account that the use of specific care can be performed, in addition to the empathetic approach, aiming to relieve the pain often present in parturient women, exacerbated by interpersonal relationships in the professional-parturient-family interaction. With the adoption of such care, the delivery process can be less painful, less tense, since the parturients need attention, welcoming, bonding and communication skills.³

The issue of humanization in the care of the woman who experiences the pregnancy-puerperal period seems to be relevant in the body of this study, because the constitution of a attendance based on principles such as comprehensive care, equity, social participation of the user, among others, requires the review of everyday practices, due to high rates of maternal and neonatal morbidity and mortality.⁴

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Thus, humanization is related to a change in the hospital culture, through the organization of a care actually targeted to the needs of women and their families; changes in the physical structure, transforming the hospital space into a more welcoming and conducive environment to the implementation of practices humanizing of care, i.e., a professional practice that respects the aspects of the physiology of labor/ childbirth, the autonomy of the woman throughout the process and her choice for a preferential companion, which does not unnecessarily intervene and informs about all procedures to be performed.⁵

Given this responsibility, nursing needs to create and ensure the political and philosophical conception of care and of comfort, with clarity of the routines to be met not only by the nursing professional, but also by other professionals of the nursing staff; also having clarity about the malleability of these routines, in order to provide safety and satisfaction to the woman in her process of giving birth.⁶

The nursing professional needs to plan, organize, coordinate, implement and assess the nursing care services, according to the Law governing its professional practice, with sights to make the care runs efficiently. Nevertheless, for the work of the nursing staff is considered interdependent, it is necessary having integration among all professionals, whether they have a higher or a technical training, since it is through this understanding that there is a greater opportunity to co-construct and commit together with the nursing care.⁷

According to literature, the theoretical concept of mapped devices in everyday services enables to understand the actual and the lived within the micro-political space of the working relationships; hence, to accomplish the practice is to appropriate the concepts as a tool for care and,

therefore, enhance their actions. However, it is noteworthy to highlight that the humanization of care can only be implemented as all devices manage to supply the health needs of the population in every care-related act.⁸

Accordingly, the proposal of knowing the care devices adopted by the nursing staff during the delivery process is based on the fact that the professionals, through their knowledge and practice, have a crucial tool in the implementation of actions aimed at the change of the model of health care preaching a medicalized care of the childbirth. Moreover, through the welcoming, bond, instructions given and job satisfaction, there is a recognition and provision of new non-pharmacological practices that ensure a more humanized delivery, with minimal pain, for mothers and their babies.

Therefore, to understand how the nursing staff has been acting in obstetric care, as well as knowing if the posture/operation of these professionals is consistent with the actions based on humanization and recommended by the World Health Organization, one must realize the need to know the care provided by the nursing staff during the delivery process. This understanding enables to propose advances in health care to parturient women and can, consequently, contribute to the growth and improvement of the nursing practice, as regards the humanization of care.

Based on the above, this study aims to know the devices that enable the humanization of care in the everyday of the nursing staff during the delivery process.

METHODOLOGY

This is a research with qualitative nature, descriptive type, seeking to describe and understand the reality from the experiences of the subjects and practices and interactions of the everyday life.
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The research was conducted during the period from October to December 2011, in a public maternity, which is located in the outskirts, in one of the most populous neighborhoods of the city of Maceió, Alagoas State. The aforementioned maternity assists a clientele of low socioeconomic status, resident in its own area of coverage.

Participants were 15 professionals of the nursing staff, six midwives and nine nursing technicians who provide care in the cited institution. The research subjects were selected according to the availability of the nursing staff and acceptance to participate in the research. Professionals that were removed for sick leave, maternity leave or vacations during the accomplishment of the data collection were excluded.

Initially, an approach was conducted with the aim to identify the individuals to be interviewed, as well as knowing the operation and the routine of the institution. From then, the significant elements seized by means of a free observation were recorded in a field diary. Subsequently, semi-structured interviews with guiding questions involving the care provided by nursing staff during labor were conducted.

The obtained data were subjected to analysis of categorical content by theme.⁹ By following the structure proposed by the technique, the interviews were analyzed in three steps: pre-analysis, material exploration and treatment of results.

In the first step, it was initially performed an initial reading, as a way to establish contact with the material seized by means of interviews and notes in the field journal. After ceaseless readings, there was the preparation of the inventory. Then, there was the referencing of indexes and the development of indicators (according to frequency of appearance). To that end, all of the statements were broken down into

units of meaning; thus, each unit was enumerated. Accordingly, 595 units of meaning have emerged.

In the next step, there was the coding of units of meaning and the reorganization of the entire content, grouping them according to their similarities and also differences, thereby consolidating the categorization. In the last step, there was the treatment of the results. Thus, the categories arising from the content of the interviews were: 1) Welcoming and bond: care that provide safety to the parturient; 2) The use of guidance as a facilitator of the delivery process; 3) Job Satisfaction: promoting a more humanized care.

The original project was approved by the Research Ethics Committee from the Federal University of Alagoas, under Protocol nº 006854/2011. For the completion of this research, all participants signed the Free and Informed Consent Form (FICF), which is a document that explains aspects of research and ensures compliance with the ethical principles of research involving human subjects, as Resolution 196/96 of the National Health Council.¹⁰

In order to ensure the anonymity of the subjects, the participants' speeches were identified by the letter P, followed by a cardinal number (1,2,3...).

RESULTS AND DISCUSSION

Welcoming and bond: care that provide safety to the parturient

In this category, the nursing staff highlighted the importance of welcoming and bond as care devices that provide safety to women during the childbirth process.

The perception of welcoming by the nursing staff emphasizes the presence of the caregiver as an essential care to be stimulated during labor and childbirth.

It is also very important to allow a [subject] family member stays with that patient, transmits safety even in labor, even in time to give birth, (...). So, the companion is there, whether mother, whether other family member, it is very important, as it transmits safety to the patient. (P1)

At the moment in which there is a trusty person involved in that labor, surely, it contributes a lot to that little baby to be born well. (P6)

From the viewpoint of the nursing staff, the experience of a parturient on feeling herself really supported by the companion is an important element for the welcoming, as it brings the woman to the sense of tranquility, confidence and safety.¹¹

The effects of the support to the parturient are related to positive maternal results, such as reduction of the cesarean section rate, followed by reduction of the use of oxytocin, in duration of labor, in analgesia/medications for pain relief, plus an increased maternal satisfaction with the childbirth experience.¹²

During the accomplishment of the interviews, it was realized, through statements, that most of the professionals are supporters of the presence of the companion. Nonetheless, it is necessary to point out that some members of the nursing team, in a certain way, were opposed to the presence of the companion, arguing that this subject, for not being prepared to play this “hole”, ended up hindering the team’s job.

What really hampers is the unpreparedness of the companion, I agree that the companion should stay beside her, but the companion is not prepared. I've had the experience of seeing a companion fainting and I had to stop providing care to hold it, not to fall on, literally, the people there; as the companion is not prepared, sometimes it hinders. (P3)

Despite appearing in a few testimonials, when compared to the number of respondents, the discourse regarding the unpreparedness of companions is repeated in the statements of

nursing professionals, according to a study conducted in a public maternity in Salvador, Bahia, Brazil.¹³ In order to overcome such obstacle, professionals who embrace the woman must be able to hold, in addition to their technical assignments, the necessary support for such moment, using the intersubjectivity in the relationship of care and providing guidance to companions.^{14,11}

In the context of humanization, when a professional integrates a family member chosen by the parturient woman, especially the baby's father, during labor, is encouraging the future mother to feel more confident. This practice fosters the humanization of care and is based on scientific evidence.¹⁵

That is why it is necessary that health professionals offer support during labor and childbirth, providing care, comfort and safety to the parturient woman and her companion. Being present, dialoging, listening to her fears, anxieties and longings, is a strategy for humanizing the nursing care.⁶

The welcoming has emerged in the statements as a care device that can be expressed through touch and dialogue, and these actions are too essential to ensure the humanization during the delivery process.

(...) You are near there, together, it is touch, it is shake hands, (...) treating well, treat as you would like be treated, within the needs that she has at that time. Often, she is there filled with pain, you take her hand with one touch and, suddenly, she thanks you, because you are there supporting. (P15)

(...) While they are in the ward, they are distressed and such, we try to calm down, being always present, asking them to be participatory, to calm down, to breathe, to walk, to squat, to relax, to take a bath, to separate baby's clothes, to warm baby's clothes; we ask them about baby's name to say "Look, fulaninho is wanting to be born", soon we will see it, to encourage. So, we try to welcome it as best as possible and let everyone feel free, as if it were a totally natural happening, childbirth is natural. (P8)

Actions such as the constant presence, attention given, dialogue and even small acts, such as physical contact, are factors of welcoming, since they go beyond the barriers between the professional and the parturient woman, thereby establishing a relationship of trust and exchanges, i.e., a relationship with emotional support. Comprehension, tenderness, sensitivity, respect for the feelings and subjectivity are key elements for the configuration of a humanized care by means of the nursing staff.^{6,16}

Accordingly, the attitude of the nursing staff to take care of the parturient is very significant, because it contributes in a predominant manner to the parturition of this woman, and can make it successful and satisfying or frustrating.

In this perspective of humanizing care, the bond arises as a key element in the establishment of care between the nursing staff and the parturient, in which an active listening inserted in the therapeutic communication and a sense of empathy produce attention to the woman and the moment experienced by her.

The dialogue is very important, to talk with the mother; at the time, one must not insult her, since some nurse technicians have no patience; honestly, I try to have patience with them. I never experienced the pain of childbirth, but I imagine it must be a huge pain and I always try to talk to them, calm them. Actually, give strength. (P4)

I think it's always important that you pay attention to the patient, because the birth experience is unique, what she experienced there, she will pass to other women, cause it will be very striking in her life. We, as health professionals, have to let good memories in this woman; so, we want that such experience of delivery is one of the best experiences of mother's life. (P13)

It presupposes that the dialogue between staff and parturient must be bidirectional. Health professionals who intend to accompany women

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during the childbirth process must recognize the importance of communication in their practices, knowing to listen to the mothers and their needs, adding value to their life histories, including their social, psychological and emotional aspects, which can significantly influence their experiences in the childbirth moment, thereby promoting the bond between the team and the parturient.¹⁵

Thus, humanizing without contact, or effective communication, makes the dialogic between the caregiver and the cared being becomes unfeasible, since the dialogue between these actors seeks a greater knowledge of the actual needs expressed by the user and the tools to provide care, pursuing reasons for suffering and intending to go beyond the biomechanistic logic.¹⁷

In this sense, the health professional must offer the best of its practice, modifying its attitudes in the face of the provided care, highlighting the needs of the parturient and her family members and rescuing the bond of affection between the team and the customers, recognizing the childbirth as an unique and peculiar experience to every woman and, therefore, special and with different feelings and needs.¹⁸

It is known that the support from health professionals, during the childbirth process, seems to be heartening for women. To show up next, worried and willing to care and listen to the parturient is essential for creating bonds of trust and affection, facilitating labor/childbirth and transforming it into a moment of care and comfort, taking into account its uniqueness in the life of each family.¹⁹

During the practice of nursing care, one establishes a professional-parturient relationship that, in a therapeutic perspective, is the ability to help the woman to cope with her problems, interact with other people, as well as adjusting

what that cannot be changed and facing blockages for her self-fulfillment.²⁰

Under this perspective, health professionals reveal the existence of a bond with the woman, which is permeated by feelings of trust, attachment and thankfulness:

Lastly, when they have baby, it ends up creating a bond so strong with us, when one of them finds us, she says "look, don't you remember? You conducted my delivery, stayed with me and endured me so long". That's very interesting. (P11)

These days I got moved, because a very simple patient came here, said she wanted to talk to me and when I went, she had bought two chocolate boxes (...) So, our population is formed by simple people, who have little money, but she spent a part of her little money with two chocolate boxes. (P13)

It should be emphasized that the core of the humanized care is directly based on the bond between the woman and the health team, and one can realize that an attentive, empathic and compassionate professional posture creates and strengthens bonds, as seen in the above speeches. Hence, to build a therapeutic relationship, not of domination, but of respect, affection and bond, becomes a great challenge, among many others, for holding a solidary professional conduct and an ethical management, in order to build a humanized care.²¹

For this to occur, the nursing staff needs to be able to develop interpersonal skills to establish effective interactions with the parturients and, consequently, makes a difference in the quality of the provided care.²²

The use of guidance as a facilitator of the delivery process

The importance of the use of guidance as a care device that eases the delivery process emerges from the testimonies of nursing professionals, who manage to realize how the guidance assists the woman in labor, causing her to assume the role of protagonist, since, many times, it is denied to her, underestimating the

strength of this woman to conduct her delivery successfully.

(...) The more you explain, the more she participates in the process, then you make she becomes aware to be a subject of the delivery process, she gets actually quieter and more cooperative, as I'm explaining each step, I'm humanizing. (P13)

From what I understand of motherhood, I think that the conversation, the guidance that is given before all that'll happens, makes the woman much calmer; I think the guidance is also a way to relieve the pain of this woman, because she will know how to deal with this pain, did you know?! She will know what will be happening and, therefore, it'll not be completely weird to her. (P5)

Moreover, the use of guidance is crucial during the childbirth process because of the lack of guidance or insufficient information given to women during the antenatal period, as evidenced in the following speech:

Many of them are not prepared from the antenatal, you know; they come with this deficiency; some of them have not even made antenatal exams yet. From the reception, when they are screened, we already have a notion if they had some antenatal care, if this antenatal was good, if she was informed about the pain of the labor (...). (P11)

In light of this reality, it is important to conduct an antenatal test that provides the information that the parturient must receive during labor and childbirth, because, at the admission period, the guidelines from health professionals will be received as reinforcements and not as new information.²³ Thus, the lack of knowledge caused by the absence of information/guidance generates awe, fear of the unknown, thereby exacerbating the painful sensation so present in these women at the time of giving birth.

When the health team clarifies the parturients on the care and comfort measures, explaining about labor and childbirth, showing up available to remove any doubt, generates tranquility, helping the parturient women to live
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the process of giving birth in a more autonomous way.⁶

It becomes necessary to emphasize that, upon advising the parturient, it is pertinent to professional to identify the most propitious time. Preferably, when she is not complaining of pains, because that guidance will not be absorbed so clearly and in its wholeness; hence, it will not have large effects. This perspective still requires comments on how professionals must approach the woman, i.e., exposing the guidance in clear language and easy to understand, as reported by the following interviewee:

(...) We have to know how to talk, so we shouldn't talk to the patient in scientific terms, because she won't understand what is being said; we cannot lie too (...). (P8)

With respect to the guidelines offered by the nursing staff to the woman, it was possible to separate them into two moments: the guidelines during labor/childbirth and the guidelines after childbirth.

Below, there are some statements related to the guidelines given by the nursing staff during labor/childbirth:

After all, we try to reassure the patient, because we will inform her; I really like to say this way, "Look, you need to help, because these pains tend to increase, right!" And we'll talk with them and, depending on the dilatation stage in which she is, we will perform maneuvers for that the delivery takes place successfully. (P11)

I explain to her what labor is, what will happen in each period; I show her where is located the room where she will give birth, I tell her that she can give birth in the same bed, which has conditions, so she will give birth in the place she feels better. (P13)

Regarding the guidelines offered by the nursing staff at the time of labor/childbirth, it was observed that they are related to the intensity of the uterine contractions, which increase as labor progresses, as well as the right time to do maternal expulsive efforts (strengths) and how to conduct this force, the rhythmic

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breathing, as a way to improve fetoplacental exchanges and reassure the future mother, the encouragement to perform exercises that ease the fetal progression and, finally, the way of position herself in bed, informing her that she can give birth in the same place.

It is relevant to add that, during the accomplishment of the interviews, it was not observed any stimulus or guidance from the health professionals to the parturient with regard to adopting a different position in relation to the supine position at the time of the expulsive period, even when the woman was in her PCP bed (Pre-childbirth, Childbirth and Immediate Puerperium).

Furthermore, although it is generally agreed that the horizontal position must be avoided to prevent the effects of the difficulty of maternal-fetal exchanges, the adoption of a stance that encourages this practice depends on the ability and experience of a professional with specific position, besides information and preferences of the woman herself.²⁴

Regarding the guidelines transmitted by the nursing staff after delivery, it should be evidenced:

(...) Guidelines for mother about the care of the newborn, care of herself, when goes to home, care in relation to her diet, care of baby, especially (...) then, we try to advise in relation to exclusive breastfeeding, the benefits for the baby, the benefits for the mother too, because we know that it decreases the chances of getting cancer, and give guidance in relation to the baby not to use feeding bottles, not to use pacifiers. (P2)

(...), to guide about the correct baby latching, (...) we physiologically show why she has colic, and that the uterus will return to its place, that it was as big as a watermelon and will regain the size of a pear. (P8)

Therefore, keep the customer/family well-informed, enlightened, ,i.e., free of fears and myths and more qualified, is a care device that

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can and must be performed by the nursing staff, thereby providing safety to the woman in her pregnancy-puerperal cycle.¹¹

It is understood that the provision of guidelines allows the woman to control her body and enables her to act as a protagonist of the birth of her child. The support of the nursing staff and the information transmitted to the parturient makes it possible to monitor birth with the least possible intervention, providing the humanization of childbirth.²⁵

The humanization of childbirth involves, in addition to respect and attention from health professionals, during the exercise of their professions, the use of guidance. However, this humanized model of care is not fully implemented in practice, as it is observed that mothers are separated from their caregivers or companions in some services, thereby coexisting in strange environments and with unknown and stressed professionals, who make use of a technician language during approach.²⁶

Job Satisfaction: promoting a more humanized care

It is understood that the health care professional who has appropriate working conditions for the performance of its activities, enjoys its professional activity, feels recognized and valued and who establishes a good relationship with other colleagues, demonstrates greater job satisfaction, which reflects the care offered to the parturient woman, thereby focusing on a more humanized care.

In light of the foregoing, it was possible to perceive the component of satisfaction on the care given to parturient woman in the narratives of respondents, which is an element permeated by sensitivity, thankfulness and professional achievement, as seen below:

I assume I'm happy to work in a humanized birth center. Every delivery is a different history, despite I'm going to complete

almost 10 years of work, but some births make us shiver, as if it was the first time, the first birth; so it is pretty good, (...) and is very good to see this side of work, since it's an actual practice, we can see, right, the outcome. (P11)

(...) it's very good, I like, I feel so, I'd say, fulfilled. It's very good (...). And you even get so touched, since you participate in their lives, at that time one can actively participate (...). (P1)

It is perceived that some members of the nursing staff convey a sense of well-being to be developing a professional activity that provides them pleasure and thankfulness.

It is believed that the satisfaction expressed in the utterances of respondents emerges from the interaction among the members of the health team, as noted in the transcription below:

Certainly, the team is well-oiled; I think one of the most important things that happened here was that each day has a fixed team; hence, it makes the integration of employees is too big, right! Thus, everyone know what its team does: one prefers to bath babies, the other prefers to stay more with the puerperal woman, such physician is like this, he likes to see the mother staying inside the room or doesn't like, then it is maintained, preserved, so we have no constraint. (P9)

The manner of organizing the duty roster, i.e., with a fixed team, allowing frequent contact with those same people, in a certain way, has favored the development of a relationship of proximity and complicity among professionals, since it was possible to obtain knowledge on the way to act and the preference of others and, from that, each professional can perform its work and, concomitantly, respect each other's work.

Accordingly, it is recognized the importance of integration among the components of a team, since a cohesive team has the best conditions of providing a humanized care.

Studies have shown that nursing workers also emphasize that the ideal care towards the

childbirth process depends on harmonic and respectful relationships among the members of the nursing staff. The presence of ties in the workplace contributes to the integration of workers, thereby generating union of actions, respect and healthy interpersonal relationships, which are indispensable to the consolidation of the policy of humanization of health services.²⁷⁻⁸

Still regarding this context, humanization is much more than a contrivance, a technique or just an intervention, since it means make closer the relationships that enable workers to recognize the interdependence and complementarity of their actions.²⁹

The report of a professional also exposes recognition and appreciation of the service held by the nursing staff:

So, our work goes further, because it's not only nursing procedure, it's a humanization and love for the profession, and not just money, because in any profession, if there is no love, you do something mechanical, and it does not flow as it should be. (P9)

Therefore, for implementing humanized care, it becomes essential having the recognition and valuation of health workers.²⁴ Furthermore, it should be highlighted that it is necessary having “love” by the occupation, in order not to perform a merely technicist practice, endowed with coldness and emptiness, which hinders the care shares.

One must not overlook that nursing care involves the execution of actions grounded on the satisfaction of the needs, both from users of services and from the professionals of the health team that provides care, involving autonomy, interaction and problem-solving.³⁰

It was also found that job satisfaction is expressed as result of the working conditions existing in the institution, as reported below:

(...) It makes us to have to play our profession in a healthy manner, in a pleasant manner, because we're not as overwhelmed as we see in other institutions (...). (P9)

Employees satisfied in their needs are likely to have fewer absences at work and develop their duties with more interest, which reflects in a better assistance to the users of the service. Thus, it should be reinforced the importance of good working conditions, both physical and those of interpersonal relationships, as well as of access and problem-solving, so that one can implement the humanization of care to users and to workers..³⁰

By accommodating the context of health care during labor, the nursing staff, formed by study participants, seems to satisfactorily perform its practice, based on the values and needs of parturient women and their companions, provided that there is adequate availability of professionals to conduct this practice.

Therefore, health professionals and, contextually, nursing practitioners, also need humanized nursing care, given the physical, cognitive and affective limitations expressed by themselves in their working conditions. In a sense, there is little benefit and incentive to provide a humanized care to the population. Accordingly, the progressive contribution to the disrespectful relationships among the professionals themselves is kept, as well as to the provision of a segmented and increasingly dehumanized care.^{27,31}

CONCLUSION

This research has allowed us to learn about how the nursing staff is performing care during the childbirth process. It seems evident that the nursing staff has an important role in the humanized care to woman who experiences a delivery, since the team develops actions that provide safety by means of the warranty of J. res.: fundam. care. online 2013. out./dez. 5(4):743-54

welcoming and formation of ties to the woman and her companion, thereby constituting important devices in the conduction of a comprehensiveness health care.

Moreover, the practice held by nursing professionals through guidelines to women with regard to labor/childbirth is configured in a more human and qualitative care, making the parturient women less anxious and more cooperative in the childbirth process. It should also be highlighted the job satisfaction, perceived in the verbalizations of the participants, as a preponderant element for the development of a more humanized care, thereby reflecting in the care provided to parturient woman.

Therefore, it is understood that this research was relevant to the nursing professionals, since it led them to think about their work, care provided to parturient women and what things they can do to improve the care, besides making it more humanized. Given the above, this work contributed to the improvement in the care of parturient women users of health services and of their companions, since it enabled the surveyed professionals to live moments of reflection on the care conducted in the institution. Moreover, the study aims at contributing to the reflection in other supportive services for parturient women by means of the dissemination of its results, as well as pointing out to the need for further studies on the issue at stake.

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