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RESEARCH

Percepção de enfermeiros sobre a humanização na assistência de enfermagem no puerpério imediato

Perception of nurses on humanization in nursing care in immediate puerperium

Percepción de enfermeras en humanización en la atención de enfermería en puerperio inmediato

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ABSTRACT

Objective: To study the perception of nurses about the humanization of postpartum care in a public hospital in Seridó region, Rio Grande do Norte (RN). **Method:** this is an exploratory and descriptive study with a qualitative approach. The subjects were nurses who attend postpartum women during the postpartum period in hospital settings. **Results:** in the perception of nurses, humanization corresponds to adopting a different position before care, with the establishment of relationships wrapped in feelings of empathy, respect and affection. It also emerged the understanding that this is a complex process that involves the articulation of different levels of care, management of health institutions and good condition of infrastructure and human resources. **Conclusion:** the humanization is seen primarily as a subjective practice gifted of affective feelings toward the mothers, although enlarged conceptions have arisen. **Descriptors:** Nursing care, Postpartum period, Women's health.

RESUMO

Objetivo: Conhecer a percepção dos enfermeiros sobre a humanização na assistência à puérpera, em um hospital público da região do Seridó, Rio Grande do Norte (RN). **Método:** pesquisa exploratória e descritiva, com abordagem qualitativa. Os sujeitos foram os enfermeiros que assistem às puérperas durante o pós-parto em âmbito hospitalar. **Resultados:** na percepção dos enfermeiros, a humanização corresponde à adoção de uma postura diferenciada frente ao cuidado, com o estabelecimento de relações envoltas a sentimentos de empatia, respeito e carinho. Também emergiu a compreensão de que este é um processo complexo que envolve a articulação dos distintos níveis de atenção, a gestão das instituições de saúde e boas condições de infraestrutura e recursos humanos. **Conclusão:** a humanização é vista, primordialmente, como uma prática subjetiva dotada de sentimentos afetivos para com as puérperas, muito embora concepções ampliadas tenham surgido. **Descritores:** Cuidados de enfermagem, Período pós-parto, Saúde da mulher.

RESUMEN

Objetivo: Estudiar la percepción de las enfermeras sobre la humanización en mujeres después del parto en un hospital público del Seridó, Rio Grande do Norte (RN). **Método:** Estudio exploratorio y descriptivo con enfoque cualitativo. Los sujetos fueron enfermeros que asisten a las puérperas durante el puerperio en el ámbito hospitalario. **Resultados:** En la percepción de las enfermeras, la humanización corresponde a la adopción de una posición diferente ante la atención, con el establecimiento de relaciones envueltos los sentimientos de empatía, respeto y afecto. También surgió un entendimiento de que este es un proceso complejo que implica la articulación de los diferentes niveles de atención, gestión de las instituciones de salud y el buen estado de la infraestructura y los recursos humanos. **Conclusión:** La humanización es vista principalmente como una práctica subjetiva dotado de sentimientos afectivos hacia las madres, aunque han surgido concepciones ampliadas. **Descriptor:** Cuidados de enfermería, Período Posparto, Salud de la mujer.

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INTRODUCTION

In Brazil, health care for women during pregnancy and puerperal period is still performed by the biomedical model of fragmentation of the human being, which contributes to the permanence and increasing the number of invasive and interventional procedures during labor, delivery and postpartum.¹ These procedures are often performed unnecessarily and without the participation of women and the family. Consequently, the immediate postpartum period is experienced in a hospital setting, which may represent gains for maternal and neonatal health, before appropriate assistance but also requires answering specific demands of the period in order to address the needs of the binomial mother-child.

The Policy for Comprehensive Care of Women's Health (PCCWH) launched since the 80s, points out as one of its desires the claim to enlarge, qualify and humanize health care of women in the Unified Health System (UHS).² In the quest for the realization of this desire, the Ministry of Health (MOH) has used new strategies that advance on the effectiveness of the proposed comprehensiveness and humanization, among them, the Program for the Humanization of Childbirth (PHC). The program seeks to guarantee the right of access to humanized and skilled care during antenatal, delivery, postpartum and neonatal care.

In relation to health care during the postpartum period, the MOH emphasizes that its effectiveness is not consolidated in the health services. It is noted that the vast majority of women return to the health service in the first month after birth, but their main concern, as well as health professionals, is restricted to assessment and vaccination of the newborn. This may indicate that women do not receive enough information to understand the importance of puerperal consultation² and the tracking of this phase from the hospital unit.

Data provided by MOH through the UHS Department (DATASUL), indicate that in 2010 there were 830 maternal deaths per death for up to 42 days postpartum. The projections of the years 2000, 2003 to 2009 show an increase of 11.7% per year on the rate of maternal mortality during the postpartum. In the state of Rio Grande do Norte (RN), in 2010, the number of maternal deaths occurring up to 42 days postpartum accounted for five deaths.³

The increase in the number of maternal deaths during the postpartum period and the evident lack of healthcare coverage in pregnancy and childbirth, especially in the puerperium, calls into question the impact of PHC, since failures in monitoring and early detection of aggravations hamper improving the quality of life and of maternal and newborn health. This condition points gaps between the ideals proposed by the policy and the effectiveness of its actions in reality. In this context, it is worth remembering that this policy has been ruling for more than ten years, and it has adhesion of all the municipalities of the federation.

To achieve the quality of care and lower rates of morbidity and mortality, it is necessary to invest in the postpartum follow-up from the hospital, because, besides allowing comfort and safety to women, it allows to identify and overcome common early complications in the puerperium.⁴ It is therefore necessary to provide an assistance that considers the person as the main subject of its body and life, not just as an object that passively obey the orders of those in power of knowledge.¹ It is precisely at this point that it is necessary to include the ideals of humanization.

Reflections on the process of humanization have been gradually inserted in the health field since its institutionalization as a right of all citizens. The precepts of this process argue that the provision of services must ensure the fulfillment of the demands of the population, with regard to their health, while respecting human dignity and autonomy of individuals.

The term humanization is polysemic, because it has different conceptual definitions provided of a set of variables. Meanwhile, the humanization goes beyond the limits of action in health, because it perspectives changes in management and in implicit values in the social, physical and functional structure, arranged at the health system. Therefore, it is essential that its understanding is intertwined with the social, political, economic and cultural issues.⁵

Nevertheless, different understandings of ideology and the practice of humanization comprise the health practices, because this is a complex, multidimensional and even subjective process.

There is even a strong trend that humanistic attitudes and suggestive of kindness are related to humanization, which do not favor the understanding of this process as an inherent right to the user and, mainly, as a jurisprudential practice of professional's ethics.⁶ In general, the humanization of care is perceived by the nursing staff as the promotion of integrated care, combined with the premise that it is essential to demonstrate the feelings of attention, affection, respect and empathy in the relations established between users and professionals.⁷

In the context of assistance to women, the consensus among health professionals is that the humanized care is given through respect for the moment experienced by women, by listening to their needs and the preservation of their autonomy during pregnancy, childbirth and puerperium.⁸ Thus, given the possibilities that encompass the meaning of humanization on the assistance to the woman, it becomes pertinent to conduct studies to check the different perceptions that subsidize health practices, with humanization as objective.

Thus, the study aimed to evaluate the nurses' perception about the humanization of postpartum care in a public hospital located in the Seridó region of Rio Grande do Norte (RN).

METHOD

This is an exploratory and descriptive research with qualitative approach. Qualitative research allows to describe certain phenomenon as it outlines quantitative trait and identifies the qualitative variables by approximating the researcher and the research object.⁹

The research was set in a public hospital, a reference to the obstetric care of low-risk in Seridó region in RN. Study participants were 100% of nurses who directly assist women who experience postpartum in hospitals. Nurses who did not work in that sector; and those that, at the time of enrollment of the subjects, were removed due to leave or vacation were excluded.

Data collection was performed with the use of semi-structured interview. The interviews were recorded in MP4 device with the consent of the subjects of study, initiated only after signing the Informed Consent Form (ICF).

Data identification and characterization of respondents were subjected to frequency calculations and subsequently were tabulated. Qualitative data were analyzed based on the thematic content analysis.¹⁰ In order to maintain the confidentiality and anonymity of the subjects, the interviews were transcribed and identified by the following acronyms: N. 01, N. 02, N. 03 and N. 04.

The study followed the recommendations of Resolution 466/2012 of the National Health Council (NHC) and its supplementary parts, and was approved by the University of Rio Grande do Norte (UERN) Research Ethics Committee (REC) under protocol No. 053/11 and CAAE (SISNEP) 0049.0.428.428-11.

RESULTS E DISCUSSION

CHARACTERIZATION OF THE SUBJECTS OF SEARCH

Among the subjects who participated in the study, 75% were aged 50-60 years old, 75% had 20-30 years of vocational training, and all of them were graduates in nursing and midwifery.

This type of training was created in Brazil in 1972, being extinct since 1994 by MOH. Considering the time of training of professionals, it is appropriate to resume the context of training of midwives, in which the curricula were generally limited to biological approach.

There was a predominance of females (100%) in the constitution of nursing staff at the institution. Those with a time of practice ranging from five to 20 years (75%), and above 20 years (25%) of services. As to the time of performance, specifically in the obstetrics sector, 100% of the nurses had five to six years of experience.

The team was composed by government employees of the state of RN, which fulfilled a workload of 40 hours per week. In the institution reality, the nurse on duty is responsible for health care coverage of obstetrics and pediatrics sectors, concomitantly. Regarding professional development, 75% of respondents reported having specialization in Family Health Program (FHP) and Pedagogical Training in Nursing. Finally, none of the nurses working in the obstetrical care had postgraduate or training in obstetrics.

PERCEPTION OF NURSES ABOUT HUMANIZATION IN POSTPARTUM CARE: CONCEPTS AND PRACTICES

In general, the National Humanization Policy (NHP) conceptualizes humanization as the appreciation of the different subjects involved in the production of health, such as users, workers and managers. Also according to the policy, it should be emphasized the right to personal autonomy, shared responsibility among them, the establishment of linkages and collective participation in the management process. Its implementation requires changes in the management model, focusing health actions on citizens' needs.¹¹

For humanization to happen, there must exist engagement with the ambience; improvement of working conditions and care; respect to gender, ethnicity, race, sexual orientation and specific populations; multi-professional teamwork; strengthening of social control, with participatory nature at all management levels of UHS; commitment to democratization of labor relations; and valuation of health professionals, stimulating processes of Continuing Education (CE).¹¹

When thinking about humanizing the care of women during childbirth and postpartum, this concept takes on special significance, given this is a time that elapses in the presence of physical pain, insecurity, doubts and emotional fragility. However, this time also suggests joys and so many other feelings that can arise from the influence of subjective and external aspects, such as the established relationship between postpartum women, their families and the healthcare team. Therefore, quality of care, a bond of trust and the conditions under which users and professionals are inserted are essential to the humanization of care during the period.¹²

The nurse, in turn, has an important role in the implementation of humanization either in direct assistance to users or in management of health services, thus achieving the different faces of the humanization process.⁷

The speeches that follow allude to the understanding that the act of humane conduct is seen as a subjective, related to interpersonal relationships between professionals and the postpartum. So, the nurse 01 stated that:

[...] in the issue of humanization, what changed with the arrival of the nursing on the service, is that at first [...] we had people at the infirmary complaining and nagging [...] and we always said: hey calm down, we should treat people with respect, even with affection,

because people are here because they have no other way to make it happen, they are throwing themselves in our hands for that [...]. (N. 01)

Similarly, a study of health professionals also identified an identical perception of the meaning attributed to humanization. Therefore, the proper care for women to feel welcome and the feeling of empathy for them would be key elements for a humane approach.⁵ Above all, humanizing is pleading initiatives that excel for quality of technical care associated with recognition of the autonomy of the woman as a human being and participatory subject of the therapeutic plan.¹³

Also in relation to professional conduct, seen as one of the measures to conclude the humanization dimensions, the story of one of the interviewees stressed that the attitude adopted by professionals before taking care of the postpartum woman constitutes one of the elements to achieve essences of its proposal. According to her, it is up to each professional exercise their functions with a view to humanize care.

[...] if the nurse wants, she can be humanized in any procedure, such as a saline solution [...] It's the way you introduce yourself, good morning, my name is ... [...] this part, is all about the professional conduct. (N. 02)

In her understanding, the ability to approach the woman with empathy and respect is one of the requirements of an ethical stance that excels in attempts to humanize the attention to postpartum. Thus, care should be related to interpersonal issues, technical skills and respect by the staff, to the feelings of the puerperal.¹⁴

Furthermore, a more expanded view on the concept of humanization was covered in another speech, from which humanization is understood as a process that requires the articulation of different levels of management of the health system, good infrastructure conditions, scientific-technical ability and professional ethics. Such elements should make up the collective work in order to provide a service that is, in fact humanized.

[...] the humanization policy is very good [...] but in fact what we see is that hospitals are unable to encompass the responsibilities it requires, because it is also a management issue, so it comes from above, from the Union, Federal sphere, to the state until the changes have come to the city. Because alone, I cannot make politics happen, I participate as a professional, but the humanization depends on many factors combined [...] there is a need of material, financial, human resources, the hospital needs a structure that meets the parturient. [...]. (N.02)

Another nurse pointed issues of infrastructure, articulation of the primary care level and even professional recognition through appropriate remuneration as essential factors for a humanized care. According to her account:

[...] humanization is not only about the team, it is about the infrastructure, it is about the assistance of the Family Health Program (FHP), which should be adequate, it is about the recognition of professional through remuneration [...]. (N. 04)

In fact, it is not possible to think of the rendering of a health policy without a support of the health system and the engagement of professionals working in the sector.

What has happened in reality the service is that although professionals recognize and engage in reflecting on the social conditions of the users, their speeches underscored the complexity of the problems and feelings of powerlessness in the face of the limitations of policy and system.⁵ It becomes complicated waiting for the health team to provide humanized care when working conditions are poor and there is work overload.

Therefore there must be favorable conditions and encouragement, training and improvements for professionals to develop their work. These are elements that contribute to the effectiveness of practices that seek to meet the needs of users.¹² Thus, the realization of PHC depends, among other factors, on the effective planning of its management actions, the improving of working conditions and professional performance.

Humanizing means appropriating a new conception of practice in health, the disruption of a biology paradigm, dispensing the vision of the subject as the object of his intervention because of a legitimate and expanded perception of the human being with needs, feelings and biological, social, cultural and economic conditions. It also means understanding that even being considered a time of great vulnerability, the postpartum period is a unique time in the life of women, and it is their right to live it with as much autonomy as possible, without sacrificing professional attention to themselves and to their babies.

Above all, one cannot ignore issues that are essential to the completion of the proposed humanization, such as the development of strategies that facilitate its implementation in the reality of services. Among many actions, it can be mentioned those that encourage the practice of the CE, the provision of adequate infrastructure, and sufficient human and material resources, either for the host of the puerperal, whether to optimize nursing care. It is necessary, also, to consider the actual training of health professionals, resuming that the training profile must be consistent with the purposes of UHS health policies and programs, including the PHC.

Still from the perspective of the study, when asked what her perception of the quality of nursing actions was, the nurse 03 stated that:

[...] on the conditions in the postpartum care, it needs to improve [...]. (N. 03)

The sentence demonstrated that there is a dependency relationship between conditions involving attendance, whether physical, material and/or human, with the quality of care provided to parturient. Reinforcing this, another interviewee pointed out that the lack of cooperation from management and the lack of minimum conditions of work are factors that hinder humanization.

[...] there is lack of some equipment for work, as I already said nursing is not adequate, is not complete, other professionals and the management do not help, because the humanization is something complete, it depends on many things, the nurse alone will not get to achieve a fully humanized care [...]. (N. 02)

In this understanding, the design on the humanization of women during childbirth and in the postpartum period includes several aspects. Some are related to changes in hospital culture, with the organization of an assistance that meets to the needs of women; changes in the physical structure, transforming the hospital space into a warm and favorable place for establishing humanized practices in the care; as well as the professional expertise performed aiming to respect the natural aspects of the moment experienced by a woman, not unnecessary interventions.¹⁵

Finally, since working conditions are considered unsuitable, nursing ends up adopting a passive attitude towards the difficulties faced and biased to adapt to such situations. The reports that follow make it clear that despite the setbacks, these professionals try to provide assistance to postpartum according to what is recommending, in view of the professional dimension of humanization.

[...] nursing seeks to perform its functions within the possibilities that the institution offers [...]. (N. 3)

[...] each one with its capacity, the commitment, the work of professionals, tries to give the best, but we still cannot humanize care [...] but our conduct here of trying to build humanization is to do our part by applying our professional assistance in accordance with the recommendations for the management of postpartum [...]. (N. 02)

Humanization goes beyond the limits of action in health, because it perspectives changes in management and in implicit values in the social, physical and functional structure. Therefore, it becomes crucial to understand the process intertwined with the social, political, economic and cultural issues.⁵ This should also be seen as a result of the relationships established between education and professional practice, in order to transform the reality of health services in order to ensure women's right to comprehensive health and welfare.¹⁶

Furthermore, humanization is embodied as a technology or an element of the assistance that has as its performance component health care and, in this case, taking care of the postpartum, so as to promote actions consistent with the needs of women during the postpartum period.

CONCLUSION

On the nurses' perception, the humanization of attention to postpartum corresponds to adopting a different position before care, with the establishment of relationships wrapped in the feelings of empathy, respect and affection. Nevertheless, it emerged the understanding that this is a complex process which involves, for the realization of its goals, several variables such as the articulation of different levels of health care, program

management and public health policies and institutions of sector policies as well as the conditions of infrastructure and human resources.

The existence of disability-related difficulties in the physical structure of the hospital and working conditions eventually diminish the quality of nursing care, and consequently hinder the process of humanization.

In fact, the humanization of women care throughout pregnancy and childbirth and, especially in the postpartum period, permeates the questions that refer from the formulation of public policies, the organization of the service network to the particular dimension of health practices performed by professionals, such as doctors, nurses, and others.

In this sense, there is a great challenge to be faced, because though there are significant advances in the field of theoretical discussions, it is crucial that such progress exceed the limits of knowledge production and start to be operationalized in the reality of health services.

Above all, one cannot ignore issues that are essential to the completion of the proposed humanization, such as the development of strategies that enable its implementation in practice. Among many actions, it can be cited the CE activities, improvements in infrastructure, and sufficient material and human resources. At the same time, it is important to consider the actual training of health professionals, such as nurses, resuming that the training profile must be consistent with the purposes of the UHS and its health policies, including the PHC.

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