THE PERCEPTION OF USERS OF OBSTETRICAL CLINICS ABOUT THE VISITS OF STUDENTS

PERCEPÇÃO DAS USUÁRIAS DA CLÍNICA OBSTÉTRICA SOBRE AS VISITAS DOS ESTUDANTES

ABSTRACT

Objective: to investigate the perception of the users of midwifery in relation to the visits of students.

Method: exploratory study, qualitative approach, developed with the users of Obstetrics, University Hospital Lauro Wanderley, in João Pessoa/Pará/Brazil. Data were collected through recorded interviews using a structured instrument as subjective questions, then transcribed and analyzed using the technique of content analysis. The study was submitted to the Ethics Committee in Research of the hospital by Protocol nº 032/08 and nº 032/08. CAAE 6281.0.000.126-10. Results: the analysis made it possible to group the speeches in the following thematic categories: facilitating the exchange of knowledge between students and users, providing learning and autonomy; discovery of caring from the contact with others; strengthen bonding between students and users; communication as major factor in the dialogue between the users and students. Conclusion: participants see as positive contact with the student. Descriptors: Students; Patients; Hospitals; Teaching.

RESUMO

Objetivo: investigar sobre a percepção das usuárias da clínica obstétrica em relação às visitas dos estudantes.

Método: estudo exploratório, abordagem qualitativa, desenvolvido com usuárias da Clínica Obstétrica do Hospital Universitário Lauro Wanderley, em João Pessoa/PB/Brasil. Os dados foram coletados mediante entrevista gravada, utilizando-se como instrumento um roteiro de questões subjetivas, em seguida transcritas e analisadas mediante a técnica de análise de conteúdo. A pesquisa foi submetida ao Comitê de Ética em Pesquisa do referido hospital mediante Protocolo nº 032/08 e CAAE nº 6281.0.000.126-10. Resultados: a análise possibilitou agrupar os discursos nas seguintes categorias temáticas: favorecimento da troca de saberes entre estudantes e usuárias, proporcionando aprendizado e autonomia; descoberta do cuidar a partir do contato com o outro; fortalecimento do vínculo afetivo entre estudantes e usuárias; comunicação como fator preponderante na interlocução entre usuárias e estudantes. Conclusão: os participantes enxergam como positivo o contato com o estudante. Descriptores: Estudantes; Pacientes; Hospitais; Ensino.

RESUMEN

Objetivo: investigar la percepción de los usuarios de la partería en relación con las visitas de los estudiantes.

Método: estudio exploratorio, cualitativo, desarrollado con los usuarios de Obstetricia del Hospital Universitario Lauro Wanderley, en João Pessoa/PB/Brasil. Los datos fueron recolectados a través de entrevistas grabadas mediante una encuesta estructurada en forma de preguntas subjetivas, y luego transcritas y analizadas mediante la técnica de análisis de contenido. El estudio fue sometido al Comité de Ética en Investigación del Hospital por el Protocolo nº 032/08 y nº CAAE 6281.0.000.126-10. Resultados: el análisis permitió agrupar los discursos en las siguientes categorías temáticas: facilitar el intercambio de conocimientos entre los estudiantes y usuarios, proporcionando el aprendizaje y la autonomía, descubrimiento del contacto con los demás, fortalecer los lazos entre los estudiantes y usuarios, la comunicación como factor importante en el diálogo entre los usuarios y los estudiantes. Conclusión: los participantes ven como contacto positivo con el alumno. Descriptores: Estudiantes; Pacientes; Hospitales; La Enseñanza.

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INTRODUCTION

We live in the era of knowledge search, in which we must stop looking to the man and the world in a fragmented way, as you run the risk of never seeing wholes, noting that the human being is unique, is unique in its essence and to know him a bit more and better is always a challenge.

The person who goes through a process of hospitalization experiences stressful situation and often suffering. On the one hand, the rapid technical and scientific advancement in the health context has resulted at times in an excessive appreciation of these aspects at the expense of compliance and other issues that permeate human relations. On the other hand, there are the limitations imposed by the characteristics of the hospital environment as impersonal and cold, place of sadness, pain and suffering, associated with the ideology that excels in maintaining capitalist hegemony and the biomedical model in this space.

The growth of science and technology in health brought the deterioration of the quality and objectivity of care, because the training of health professionals dedicated to emerging technologies and the urgency to fulfill their need to monitor and assimilate the new discoveries of science has interfered actions by the user, where it is only one goal of the investigation of his biological imbalance and technical description of the disease, thus contributing to the dehumanization of health care.

It is implied that there is no single formula for effective teaching of humane care, since this process should be the result of permanent and ongoing discussions, reflections and refinements, shared and dynamically involving personal and professional baggage of its protagonists: teachers and students. It is believed that the process of training of health professionals should not be a rigid method that models or impose rules, but rather a model that is live, constructive and educational, allowing and enabling become, to create, to dare, taking risks, not only in the pursuit of professional preparation, but especially critical of an individual, citizen prepared to learn how to create, propose, build and transform.

There is a urgency of educational institutions in the investment of training its students in communication skills and interpersonal relationships. The author, who works with humans in situations of illness, you must learn not only perform technical assistance or operate machines that perform diagnostic or therapeutic interventions. You must be educated to know when and what to speak, as possible postures of understanding, acceptance and affection, as silent and listen, like being close and accessible to the needs of these people.

It is advisable to listen to the voices of those who receive care, represented by women’s obstetrics clinic, enabling them to express their anguish, valuing their knowledge, to ensure that the teaching / service build better processes that meet their needs and expectations.

Based on these reflections, this study aims to investigate the perceptions of users of midwifery in relation to visits of students.

METHOD

An exploratory study with a qualitative approach; the survey was conducted at the Obstetrical Clinic of the University Hospital Lauro Wanderley (HULW), in João Pessoa / Paraíba / Brazil. This is the biggest stage of the practices of healthcare students at the Federal University of Paraíba / UFPB. Moreover, in midwifery are different types of users in hospital since the clinic involves high risk pregnancies to expect from surgery, childbirth, and postpartum observation in rehabilitation and/or waiting for the rehabilitation of children.

The studied population was composed by users in inpatient obstetrics clinic in the HULW. The sample was comprised of 12 users, older than 18, admitted during the period of data collection, which were visited by students and that offer to participate in the study after signing an informed consent.

The technique used to obtain the testimony was to interview and instrument consisted of a tour of subjective questions. We used audio equipment to record reliable information reported by participants. The gathering took place in July 2008 in the Obstetric Clinic HULW with variations of time 4-11 minutes elapsed according to the need of participation of the interviewees.

The interviews were transcribed and analyzed using the content analysis technique, followed by the pre-analysis, coding, inference and data interpretation. The testimonies of the study participants were referred by the Convention (Dept. 01), corresponding testimony to one, and so on.

Initially the project was submitted for review by the Ethics Committee on Human Research of HULW by CAAE No 6281.0.000.126-
RESULTS AND DISCUSSION

The analysis was performed from the discourse of twelve users of the Obstetric Clinic HULW, aged 18-41 years old, ranging from four days to 120 days of admission in the clinic. Regarding education they completed the 5th grade of elementary school to high school.

The analysis procedure adopted in the study enabled the construction of four categories, so the view of the users of Obstetrics performance of students on a Teaching Hospital: Promotes the exchange of knowledge between students and users, providing learning and autonomy; Discovery care from contact with others; Strengthening the bond between students and users; Communication as a major factor in the dialogue between users and students.

- Facilitation of exchange of knowledge between students and users, providing learning and autonomy

In attention to patients health in a teaching hospital is part of the performance of the students. When asked about the deal HULW is a practical space for students of various courses healthcare UFPB, the interviewed users reported being aware of the presence of academics. Revealing about the performance and student learning:

- I like to help if I’m here, and it is here I have a school that is more involved and collaborate with people. Then I do my best. I give what I can, for people to learn and I can help I indulge you. Want to learn, okay, I’m just kind guinea pig, it is good to help [...] and sometimes I even teach: - women do not so it is better. (Dept. 01)

There was a girl who was sweet, but was the only person in know how, because there’s some people here who do the milking for years and years, and this girl was the only milk I left because it was the only one not me hurt, I learned to take my milk straight [...] put up a nickname for her fairy hands, she takes on her breast and you feel nothing and is not sore the next day. So to say I feel so good to be able to help you out and it has helped me at the same time as an exchange. There was this bond of friendship. That’s what I think tastes good. (Dept. 02)

I know that the student needs a space to be able to work part theoretical as much as practice. So here is the practice in the hospital, if we can pass this opportunity for him as a patient, I think perfect. And that is how we will help and he will help us. He also has more knowledge; maybe in the future I might need it again. (Dept. 04)

It’s good in terms of learning. We have to trust, because if you do not try how will you learn? [...] So I think encouraging lawful, because he has to learn one day, and we only learn coaching. (Dept. 10)

These statements show that the performance of students in the teaching hospital is well accepted by users, agents also feeling the teaching-learning process. Emphasizing that there is a tradeoff between user-student, where they receive care and provide students with the possibility of clinical practice to them; thereby contributing to the acquisition of knowledge and training of future professionals.

Practical activities guide the activities of theorizing and critical reflection, allowing identification of learning needs of the students, the search for information, identifying best evidence for research and care plan and the immediate application of knowledge in order to transform the practices and health people.

The study shows that the HU patients are satisfied with the presence of students in the hospital and they awaken them feelings of happiness, security and reception, reinforcing the importance of the student in the hospital, to highlight its positive influence on attendance.

There are different conceptual approaches on patient satisfaction. This can be defined as positive evaluations of distinct dimensions of individual health care, while for other authors is understood as the expectation of the patient and the care, contrasted with his perception of the care received. The satisfaction reflects therefore the individual subjective well-being, i.e., the way and the reasons that lead people to live their life experiences in a positive way.

- Discovery of care from contact with the other

The student’s contact with the user brings expectations to students, since they still seek to acquire the necessary experience. In statements obtained, we found that during contact with students, users perceive insecurity and fear of students in performing some procedures, expressed as the following excerpts:

If you ta here you do not have to have the insecurity that makes you want to know, learn, have to go all the same, without feeling insecure. Because if you feel that
you pass to person, then we're afraid to let that person come look. Because now also have people who are very insecure, for example, and you being insecure too, will pass their insecurity to this patient, she will not want you to come meet her again tomorrow." (Dept. 01)

 [...] I was a little shaky in surgery, because at the time the doctor was teaching how to make the cut, but then I thought the medical was along, so I trusted and everything worked. (Dept. 08)

The student still is acquiring learning, still have that kind of fear, fear of being wrong, that there is a security to make a secure job well. (Dept. 10)

Before hospitalization, many of the users’ health are frightened, with doubts about the prognosis and prospects and stay in the hospital environment. When in contact with a student who has not yet demonstrated safety in activities, it is clear that these users feel often intimidated and insecure about the student, considering what is expected to be by careful attention to quality.

The practice is a key motivator for the construction of knowledge. In developing health actions and confronting the problems in real time, students recognize a new conception of learning, in which prior use capabilities and seek new knowledge (cognitive, affective and psychomotor) to cope with the situations that arise daily, building thus greater meaning in their learning and the construction of new knowledge.

In return, trainee healthcare still very difficult to tackle the complexity of the health problems of the population in a way that does not reduce the technical implementation of actions aimed at repairing the human body or the relief of symptoms.

Faced with the fear faced by users for being students dealing with the care of natural life of any person who is your health, the opening that they provide should be treated with care. And that the difficulties presented by the students in relation to contact with users can be addressed and developed appropriate attention to be careful.

- Strengthening the bond between students and users

Students’ work with the user favors the development of interpersonal relationships, which are essential to their formation. As evidenced qualifying student-user relationship as a matter directly related to humanization.

Thus, the users interviewed showed over valuation of the company and attention of academics:

You who are in the beginning are more attainment because they want to learn, then treat patients better, try to please most. To succeed you may want to learn what […] I just have to thank those who come to learn. (Dept. 01)

Sometimes we’re so tense, there comes a, discussion, cheers, the ones who come playing, and that's good, because sometimes the person is so tense, even needing a visit there when we get there comes a distracted, that problem sometimes was thinking, now stop thinking. I like them. (Dept. 02)

I think the student, because he was starting, often become nicer and more attentive than those that are already formed, but that does not mean all that are already formed. But it's good because it has a certain affection towards you, then you feel a bit safer. (Dept. 04)

It’s good because you have a visit, especially when you're lonely. I myself have needed when I arrived and was on the screening, I was scared, pregnant 6 months and would take the child had no vacancy yet, there students talked to me and I was calming me. So for me it was important because I would be alone in the room, waiting for a place. I could not walk because I was losing fluid, I was already desperate. Then they called two students to stay with me and talking distracted me. (Dept. 08)

In health care the user need a good relationship, so that it can be served in its entirety, in order to alleviate the difficulties faced before the admission process. The effective care, therefore, implies the interrelatedness of dimensions that can range from the technical to the more specialized glance of love and affection.

In academic life is still the formation of professional technicians, who are not emotionally involved. However care, which is inherent to human beings, including the affective dimension, suppressed by the requirement of professional cold and distant. Being need to redirect the discourse of academic training to enter the caring in all its aspects, to be developed relationships more humanized.

A good relationship with the user’s health is essential to a humane and focused attention to the needs of the same. It is expected that professionals value the contact with the users, who do not hold only the technical or bureaucratic procedures; they can remember the times when the techniques were still scarce and still made the admission process and coping with diseases were eased because watching what users need and were heard what they were saying.
• Communication as a major factor in the dialogue between users and students

Dialogue is seen as a fundamental way to access knowledge of the other, where it is possible the exchange of knowledge, scientific and popular, while emphasizing its importance to the care, focused on the needs of users. As for communication, the interviewees emphasized:

[...] It’s hard, I do not tell you, but these doctors when he begins to speak in their language seem to us an ET, understands nothing. Student is also a lot not because they are also learning. There are things that we understand when they talk, but they have things that you cannot understand it, then I’m in mine. (Dept. 01)

There are times when I’m flying, without even knowing what to ask [...] students are told what they will do, what I think it is good, they say what is happening to us, what they are doing , it’s for the good of the people. (Dept. 03)

When I do not understand, I try to go to the bottom right to know why some words of medicine we do not really know, but I wonder, do not think twice of what it is, how it is treated [...] sometimes you have a question you want to take a professional and you have no courage, and then goes to a student and suddenly you get that doubt you had. (Dept. 04)

Sometimes students do not have that way of explaining things that we want to have as a professional. They want to explain but does not have that right word to explain. (Dept. 05)

[...] Sometimes I ask and sometimes we have to fear an out. Why not talk to us all the language of the people and when we do not question the right answers. (Dept. 07)

In statements obtained is discrepancy between the views of users regarding communication with students, where some interviewees point out that the language used by students has become more accessible to the population, while other accounts state that they have no ideal form of communication with users. The lack of experience of academics may interfere with this process, since they would have to seek informal means of communication that was not used.

The communication is configured as a primary instrument to practice in health care due to permeate all the interactions with the patient and support the understanding of the holistic aspect to be careful. With dialogue, each party can communicate and learn about the ideas and feelings of others, making it possible discussion or educational moments of teaching and learning, being a human ability to ask and answer each other.

The response to the actions to be taken care of the caregiver is extremely important because it not only works as a thermometer of the application of the technique, but also the behaviors and attitudes of each individual at the time of care. In these respects, can be observed through various subjective signs such as complaints, questions, facial expressions, posture, tone of voice and also with silence. These expressions convey feelings and thoughts, and can often block communication. Thus, if the care is provided in order to understand the needs of being careful, the experience can be positive and this can better cope with the disease process.

Another important aspect to be highlighted is that the difficulty in urgent communication with the user is not only in academics, is also in the practice. However, given the importance of dialogue for care meet the needs of users and to perceive them as agents in the disease process is imperative that this opening being present, so that comprehensive care is provided and humanized.

CONCLUSION

The speeches analyzed in this study revealed that users perceived positively the practice of academics, providing the exchange, bringing benefits to the student as well as for users who reported greater care provided by students, extolling the affection they feel treated and importance his company. Else part, addressed the difficulty in communication found between students/professionals and users and insecurity demonstrated by some students.

It is necessary to review the technical approach comparing it with the valuation of the investment in the ethical and humane health professionals and care. Recognize the skills and techniques related to each student, exercising respect for peers, responsibility for shared action and the importance of a calm attitude and effective are the substrate for a humanizing experience in the health field. Build commitment and human values in the context of training is essential to building a practice in human health.

Some work was done on the user-student interaction and the possible influence of this relationship on user satisfaction with the service, or even about the vision of the users regarding the care received, therefore, urge that there be a greater openness about the work carried out to hear agents recipients of care, and how these can contribute to the
improvement of care, with a view to promoting more humanistic and integrative care.

It is hoped that the results of this research are seen as contributing to population health, the academics and health professionals. These should take the challenge and effort to broaden perspectives and focus on users and their care, understanding the context of their lives, its limits and its possibilities.

REFERENCES


The perception of users of obstetrical...