



INTERPERSONAL RELATIONS AMONG PROFESSIONAL CARE AND WOMEN WITH EXPERIENCE OF ABORTION IN HOSPITAL ENVIRONMENT

RELAÇÕES INTERPESSOAIS ENTRE PROFISSIONAIS DO CUIDADO E MULHERES COM EXPERIÊNCIA DE ABORTAMENTO EM AMBIENTE HOSPITALAR

LAS RELACIONES INTERPERSONALES ENTRE PROFESIONALES DEL CUIDADO Y MUJERES CON EXPERIENCIA DE ABORTO EN EL ENTORNO HOSPITALARIO

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ABSTRACT

Objective: to understand the perception of women with abortion experience on relations with professional care in a hospital setting. **Method:** a descriptive study with a qualitative approach, conducted in a public maternity hospital in João Pessoa/PB/Brazil, with five participants, using oral history as a methodological reference. Research approved by the Ethics Committee of the Federal University of Paraíba under Protocol No. 043/2009. **Results:** empirical data collected from two main themes emerged: women's perception about the experience of abortion and women's perception about the service and interpersonal relationship. The data revealed that care professionals showed no interest in bonding with women, making it difficult interpersonal relationships. **Conclusions:** There is need for sensitization and training of professionals to develop the care process, rescuing his humanistic training, valuing the human person, through the adoption of pipelines for comprehensive health care without discrimination. **Descriptors:** Interpersonal Relations; Abortion; Unit Hospital of Gynecology and Obstetrics.

RESUMO

Objetivo: compreender a percepção de mulheres com experiência de abortamento sobre as relações com os profissionais do cuidado em ambiente hospitalar. **Método:** estudo descritivo, de abordagem qualitativa, realizado em uma maternidade pública de João Pessoa/PB/Brasil, com cinco colaboradoras, utilizando a história oral temática como referencial metodológico. Pesquisa aprovada pelo Comitê de Ética em Pesquisa da Universidade Federal da Paraíba sob o Protocolo nº 043/2009. **Resultados:** do material empírico coletado surgiram dois eixos temáticos: percepção das mulheres sobre a experiência de abortamento e percepção das mulheres sobre o atendimento e a relação interpessoal. Os dados revelaram que os profissionais do cuidado não demonstraram interesse em criar vínculos com as mulheres, dificultando o relacionamento interpessoal. **Conclusões:** há necessidade de sensibilização e capacitação dos profissionais para desenvolver o processo de cuidar, resgatando suas formações humanísticas, valorizando a pessoa humana, por meio da adoção de condutas para uma assistência integral e sem discriminação. **Descritores:** Relações Interpessoais; Aborto; Unidade Hospitalar de Ginecologia e Obstetrícia.

RESUMEN

Objetivo: conocer la percepción de las mujeres con experiencia de aborto en las relaciones con la atención profesional en un entorno hospitalario. **Método:** se realizó un estudio descriptivo con un enfoque cualitativo, realizado en una maternidad pública en João Pessoa/PB/Brasil, con cinco participantes, utilizando la historia oral como una referencia metodológica. La investigación aprobado por el Comité de Ética de la Universidad Federal de Paraíba en virtud del protocolo N ° 043/2009. **Resultados:** los datos empíricos recogidos a partir de dos temas principales: la percepción de las mujeres sobre la experiencia del aborto y de la percepción de las mujeres sobre el servicio y la relación interpersonal. Los datos revelaron que los profesionales de atención no mostró interés en unión con las mujeres, lo que la relaciones interpersonales difíciles. **Conclusiones:** existe la necesidad de sensibilización y formación de profesionales para desarrollar el proceso de atención, el rescate de su formación humanística, la valoración de la persona humana, a través de la adopción de ductos para el cuidado integral de la salud sin discriminación. **Descriptores:** Relaciones Interpersonales; El Aborto; La Unidad del Hospital de Ginecología y Obstetrícia.

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INTRODUCTION

The issue of abortion has been widely discussed, with different approaches, through ethics, politics, organized movement of women, churches, industries, health, legal issues, among others. The problem is even more extensive in countries where abortion is illegal, as in Brazil, since these countries its true dimension is not adequately documented, due to lack of reliable records.¹ Thus, its prevalence is based on estimates, particularly in hospital-based records of the public health system, with no records from private services.²⁻³

It is observed that the issue of abortion in the world is directly related to the laws of each country, influenced by issues of social, cultural, moral and religious. In most countries there are laws that allow termination of pregnancy, according to specific conditions, which depend on the socioeconomic and ideological models of every age and of every nation. Thus, there are countries where abortion is legal in any situation, as in others is only allowed only in cases involving medical issues, organic or humanitarian groups among these is Brazil.⁴

Abortion is recognized as the termination of pregnancy with fetus weighing less than 500 grams or gestational age less than 22 completed weeks. It classifies how to expel the egg or miscarriage.⁶

In the first half of pregnancy the miscarriage is the most common bleeding episode requiring medical care and specialized hospital. It is clinically diagnosed between 10% and 15% of all pregnancies, occurring about 80% of spontaneous abortions in the first 12 weeks of pregnancy.⁷

No spontaneous abortion, induced or induced termination of pregnancy constitutes, through the use of physical or chemical agents, or with the consent of the pregnant woman and no participation or not of laymen and health professionals. This practice is classified as unsafe, which is responsible for serious consequences to women's health.⁸

In this sense, the process of abortion endangers a woman's life by exposing them to the complications in his health, within biopsychosocialspiritual repercussions. Therefore, when seeking health services for care, the woman, as well as requiring emergency treatment for their condition, is vulnerable to the reactions of professionals to meet and who are participating in the social context in which permeate negative attitudes about abortion. Thus, interpersonal relationships within the hospital life are, to

some extent, superficial, because the focus of attention seems to be the problem of the health of the individual, not the individual-person. Accordingly, there are competent professionals in technical procedures, but with difficulty in interacting with customers, especially if they have health problems stigmatizing, such as abortion.¹⁰

The interest in studying the theme understood that it involves several aspects, necessitating further understanding of the different sectors of our society. This study started from the perspective of knowing how it was for women experiencing abortion process in hospitals, regardless of how it occurred, whether spontaneous or induced, and how they established the relationship between health professionals.

This research aims to contribute to the construction of knowledge about the process of care in the context of women's health and the importance of a relationship that allows a humanized care among health workers and clientele.

In view of the foregoing considerations, the following question arises: what is the perception of women with abortion experience in a hospital environment on the relationship with health professionals?

In order to get an answer to this question, to draw the following goal: to understand the perception of women with abortion experience on relations with professional care in a hospital setting.

METHOD

This was a descriptive-exploratory study with a qualitative approach, which was developed in a public hospital in the city of João Pessoa / Paraíba / Brazil. The participants were instructed as to the purpose of the study and signed a consent form, respecting the ethical and confidentiality recommended by Resolution No. 196/96 National Health.¹¹ The methodology was the oral history an interface of oral history, which is a systemic process to use the oral testimony translated to writing, having the purpose of collecting evidence and analyzing social processes, favoring studies of identity and cultural memory.

Oral history is structured the right to social participation, allowing spaces to fill a culture of explanatory social acts, respecting differences and understanding of identities and processes of their buildings narratives.¹²

The research collaborators were users of motherhood that agreed to participate, and who sought this service to perform abortions

or to treat its complications. The chosen service was recognized as the center of attention in reference to cases of abortion.

In the oral history method, the selection of employees depends on the formation of a colony. A large colony is the elements that mark the identity of the group to be studied, as the theme chosen.¹² In this study the colony was composed by women with a history of abortion admitted to the hospital.

From the identification of this colony, formed a network that is a subdivision of the colony, which functions as indicative of the way to articulate interviews, people are chosen to be employees, denomination used in the method of oral history for the research participants.¹² The criterion for the formation of the network was based on the availability and wants to participate, considering the need for at least three meetings with the contributor to the development of the empirical material. Thus, in this study the network consisted of five women diagnosed with abortion.

The technique for collection of empirical data was conducted through interviews with the use of a recorder. In this method, the interview process is divided into three steps, which are classified as pre-interview interview itself and post-interview.¹²

In this study, the pre-interview was chosen in the public hospital, local women who were diagnosed with abortion wards resting or waiting discharge. At this stage the project was presented, clarified the objectives of the study and identified the respondents willing to participate in the study. This time corresponded to the first contact with the collaborators, and a preparation for the meeting which took place in the recording of the interviews that were scheduled according to the availability of collaborators.

The interview itself is the stage in which they are collected important data for the research, when there is a recording of the interviews. The interview contained questions related to the goal of cutting research, and identification data of participants, providing an imprint. The questions cut that accompanied the study were: During your experience of abortion in a hospital environment as you feel? During the experience of abortion occurred as the relationship between women and health professionals?

The venue decided by the majority of women to perform the step of the interview was their homes. However, a collaborator was interviewed in the maternity ward the day after the pre-interview, because as she lay in

a distant city of João Pessoa - Paraíba combined to conduct the interview the next day after discharge.

The post-interview follows the interview. At this stage it was reported the collaborators work progress as it occurred and explained the building process of the document, but also to meet other conference combined the material from the interview. Even at the time of post-interview was discussed on the choice of fictitious name of each contributor, guaranteeing anonymity in research. Thus, flower names have been chosen according to the preference and characteristic of each collaborator.

After collecting the material, it became all the story text in the interviews as the steps: transcription, which is to change the account recorded oral to written language, this step was performed shortly after the interviews, allowing some vices of language and repeated words were eliminated, for a better understanding of the text, without however losing the identity of the contributor's speech, the textualization is the stage in which the text acquires feature narrative questions are deleted and merged the cutting answers at this stage, was chosen the vital tone that matched the phrase that served as the epigraph to guide the reading of the interviews, and finally, transcreation, that step is recreating the text in its entirety, and there may be interference from the author in the text second hits combined with the collaborator.¹²

The empirical analysis was based on the assumptions adopted by Good Meihy, through which the interviews were considered the centerpiece and starting point for the analysis, being read repeatedly in order to extract the main themes focused on the experiences reported. Then the themes were constructed based on vital tone of the interviews that guided the discussion process through a dialogue with the literature.

The study was approved by the Research Ethics Committee of the Centre for Health Sciences, Federal University of Paraíba, registered under number 0433/2009.

• Knowing the stories

In the interpretive approach adopted for this study, we tried to describe each experience the way it was experienced from the perspective of the one who lived. Each narrative revealed a different tone vital and allowed us to understand phenomena through the tangible link between the inner world of the individual and the external world around him, and has shown up the dialectic between the events and their significance, i.e. , as the

relationship between care professionals with the client and their perception of this process. Therefore, this step began presenting each respondent with its respective tone vital that stood out in his narrative to further discuss the meaning of the words of which was identified two main themes, which led to the discussion through a dialogue with the literature.

Sunflower: cheerful woman, determined and hardworking. He was 24 years old, lived in a stable, and had finished high school, worked with household chores. In relation to obstetric history, became pregnant three times, had two miscarriages and has a son aged nine. As their abortion history, was met in the maternity accompanied by her mother, with the main clinical signs and symptoms: pregnancy of about 16 weeks with lower abdominal pain and vaginal bleeding. The initial diagnosis was identified incomplete abortion, uterine curettage being requested. In his report highlighted the vital tone:

The doctors did not give me any explanation, nor even the first doctor, nor the second now, if I can no longer have children, he had to guide me and I was to take care of me for not to get pregnant again, I had no guidance. This guidance is important because this moment is very difficult.

Violet: a quiet woman who showed great affection and simplicity. She was 31 years old, lived in a stable, and had the first? School graduate. She lived with her parents, one sister and her two year old daughter. Your partner lived in other cities, for work reasons. He's had two pregnancies and a miscarriage. The first contact with Violet, she had already been discharged, was in the infirmary awaiting their relatives go get it. In his speech drew attention following the vital tone:

When I went to the maternity it was okay [...]. And also in the curettage the doctor was nice to me, but I was sad because I lost it!

Azalea: she was 19, a young smiling simple, passive voice and heart full of dreams to be conquered. Unmarried, living with parents completed high school and had plans to go to college. Obstetric history: Managed and miscarried once. Was admitted to the maternity accompanied by the press with the following signs and symptoms: amenorrhea nine weeks and discreet vaginal bleeding. This collaborator spent five days in hospital, the diagnosis was missed abortion and the procedure was performed to uterine curettage. According Azalea, who gave the explanation for why all these days were admitted that her cervix was not dilating

enough for the surgical procedure, despite the interventions adopted. About his experience in the hospital she narrated the following vital tone:

In no time I felt alone, although I was not with a companion. I did not feel alone because the nurses were always there with me.

Magnolia: she was 21, was a determined woman, knew what she wanted, showed a steady voice while betrayed her affection for the things of life. Her schooling. She lived in a stable relationship and had two young daughters. She was admitted to the maternity ward, accompanied by the sister, with an initial diagnosis of incomplete abortion. The procedure was prompted to uterine curettage. About her experience of abortion in a hospital environment, the collaborator revealed the following vital tone:

There at the maternity they me attended very well. Very good indeed! [...] There is only one difference. There on the part of pre-natal there is the staff to talk with, to distract some more. In the ward no! We get more alone thinking about what happened, and that's too bad.

Rose: I was 34 years old, lived in a stable, caring home and had a high school degree. As for obstetric already had two pregnancies, the first born a girl who is four years old, the second ended in abortion, reason for his hospitalization at the hospital. She was a calm voice and gentle caring way. He liked to talk about his daughter and the desire to have another child. Was admitted to the maternity accompanied by her husband and the mother. The information collected in your records about your medical history revealed the following: three months amenorrhea, lower abdominal pain and vaginal bleeding with fetal loss. The initial diagnosis was incomplete abortion and the procedure was requested to uterine curettage. In his narrative tone was vital the following:

I found the service very good [...] I felt good during hospitalization. They treat us very well [...] But I think the doctor who treated me should say what I should do to get pregnant and loose no more. But he did not speak. What care I have to take to get pregnant? Which doctor I have to look for too? But they did not say no, and I really wanted to have another child.

• Revealing the meanings of the stories

To better understand, through their speeches, perceptions about the experience of abortion in a hospital environment were performed empirical analysis of five interviews with the collaborators. To this end, we identified themes from the vital tone of

these interviews, the reading and study of the material produced. The vital tones were organized according to the themes highlighted by seeking to meet the objectives proposed by the study.

From this perspective, the narratives were extracted the following themes: Perception of women on the experience of abortion; Perception of women with abortion experience on the care and interpersonal relationships.

• Perception of women on the experience of abortion

Studies reveal that the experience of abortion for women is a very difficult time, regardless of how it occurred, whether spontaneous or induced, can arouse feelings that profoundly shape their lives.⁹⁻¹³

For women who experience abortion process, your experience is physical, emotional and social. Generally, they express their physical complaints, seeking solutions, but in relation to their experiences and feelings, silence is predominantly common.⁸

This is due to the different aspects of the issue of abortion, including issues of the legal, moral, religious, social and cultural those usually prevent women with abortion experience to express their feelings, especially when the experience is of induced abortion.¹⁴

In the case of the abortion process induced guilt, depression and psychosomatization are signs of psychological wounds suffered by women, indicating how deeply sensitized to abortion, causing them to suffer physically and emotionally.⁹

Thus, to be treated at a health facility, the woman undergoing abortion may have feelings of loneliness, distress, anxiety, guilt, self-blame, fear of speaking, to be punished, to be humiliated, feeling unable to conceive again.⁸

On this issue, Sunflower revealed the following:

[...] I was well attended, well received in the maternity [...] But it is not always as it happened with me. There are doctors who have many women on that account, right? They think abortion is by me. But, thank God this did not happen to me! But there are women who suffer a lot because of that [...] (Sunflower).

It can be seen in the testimony of Sunflower collaborator who is aware of the reality that women often the issue of abortion is seen in health services in a discriminatory manner and inhumane, which in turn may arouse feelings of fear and shame in women undergoing abortion, delaying seeking care in hospitals.

Different situations give some specifics on the experience of abortion for every woman, such as age, presence or absence of a partner, living conditions, socioeconomic factors, religion, away from her husband who works outside, or do not wish to have a son.¹⁴

The speeches of the collaborators and Violet Rose revealed their perceptions of the experience of abortion:

This type of experience is bad, not like at all. Because we suffer [...] I got very nervous when I came, very nervous even [...] This experience was very difficult for me. Often I felt like giving up, made me want to leave. Every night I cried wanting to leave and nothing [...] (Violet).

During this event I was not scared, I was just kind of sad! Because I had lost [...] I was very sad [...] I did not know I was pregnant [...] (Rosa).

The analysis of the collaborators and Violet Rose allowed us to capture the experience of abortion led to feelings of sadness, grief, pain, loss, fear, nervousness and desperation. It is therefore of paramount importance that the professionals of health services that meet women undergoing abortion are able to take "therapeutic attitude", seeking to develop active listening and empathic relationship with these women. The ability to listen without pre-judgments and tax values, appreciation of complaints and identify the needs of the host is essential points that may encourage women to talk about their feelings and needs. So before all the implications that influence the reality of the issue of abortion throughout the world¹³, it is essential for the assistance provided to women having an abortion, are valued, especially the reception and orientation, which are essential elements for a quality care and humane.

• Perception of women with abortion experience on customer service and interpersonal relationship

In treating women undergoing abortion, it is important to recognize that the quality of care desired includes aspects relating to the reception, orientation and humanization.

The host is here understood as the dignified and respectful treatment, which includes listening, recognition and acceptance of differences, the right to decide for women and men, as well as access to and outcomes of care. Already guidance requires the transfer of information necessary for the conduct of proceedings by the wife as the subject of health action, decision making and self-care, in line with the guidelines of the Unified health.⁸

As for the humanized care to women having an abortion, it is essential to the existence of an ethical approach and reflection on the legal aspects, with the guiding principles of equality and human dignity, not allowing any act of discrimination or restriction of access to assistance to health.⁸

In this study, when asked about care during hospitalization, the collaborators and Pink Azalea responded as follows:

I was well attended, well received in the maternity [...] They took care of me very well [...] I felt good during hospitalization [...] Thank God, they treat us very well! [...] (Rosa).

When I went to the maternity was okay [...] And also in curettage professionals were nice to me [...] I liked very much the care [...] It did not take long to be attended [...] (Azalea).

In this speech, Rosa found Azalea and care during hospitalization as a good experience. It can be noticed that Azalea reported rapid emergency care as a factor that qualified assistance. This aspect does not take care in women diagnosed with abortion becomes positive because considering their situation as an emergency, the faster they receive appropriate care, the lower the risk of complications. Accordingly, the Ministry of Health, says that attention late abortion and its complications can be life threatening, the physical and mental health of women.⁸

Moreover, it is worth considering that other studies related to care provided to women with a history of abortion in a hospital already revealed the delay of care as a form of prejudice and discrimination in this specific public.^{9,14,15} Therefore, the fact that some collaborators this study claim to have enjoyed the service, already shows some progress on the issue of care for women with a history of abortion in the maternity chosen, with no reports of prejudice and discrimination during the service.

However, the respondents reported Magnolia and Rose takes care of the day to receive a discharge, as we analyze in the following lines:

Only one thing I did not like was that the doctor had forgotten to go sign my discharge, the other day. He just went through the ward, nor looked at me or the other women. Because of this, I had to wait until 11:00 to get this doctor, and in the end, nor received medical certificate to hand in my work [...] (Magnolia).

[...] I thought the doctor took too long to arrive on the day I got discharge. She only got there by 10:30 am. My husband came to pick me up early and did not work. He went

and came back twice because I was working. And in the end when the doctor arrived only did sign the handbook and ready, left, barely spoke to me [...] (Rosa).

The situations presented here make us reflect on the true essence of the act of caring and its importance in human life. Since it was found through the accounts of participants, aspects of the lack of a comprehensive and quality care provided to them, as seen in excerpts from speeches of collaborating Magnolia and Rose, where doctors revealed that barely spoke or looked at them during the time of the visit, showing therefore total lack of attention.

Therefore, care professionals must be able to deal with this kind of reality and dispose of own thinking for a moment to deal with people so different, because only then can one help, free of prejudice, substantially improving quality of the assistance.¹⁶

In this context, it was noted that the interpersonal relationship happened more clearly when professionals perform a technical procedure, only those moments; professionals approached, touched and looked. However, in this situation, professionals often do not take the opportunity to associate, to this, psychological attitudes aimed at effective and affective relationship.

It is important to reflect that caring is more than an act, goes further than a moment of attention, zeal and devotion, consists of an attitude that demands attention and action, responsibility, concern for the welfare, concern for the next.

The awareness of the significance of the act of caring is required to interact with the person hospitalized, because this should not be considered just a number or condition being treated, but a human being who needs care.

FINAL REMARKS

This research has presented some important aspects about the way that established interpersonal relationships among women undergoing abortion and care professionals in a public hospital of the city of João Pessoa - Paraíba.

It is understood here that for professionals in the health field is essential to know how to deal with people, because this attitude will lead directly to the quality of care provided.

The analysis of the speeches of the collaborators and Pink Azalea revealed that they found the service provided to them as well. However, participants stressed Purple Sunflower and in many moments of his testimony, situations that make us reflect on

the dimension of quality of care that was provided to these women, according to what is expected of a humanized care process.

The speeches of the collaborators Magnolia and Rose also revealed some situations that demonstrated the lack of a comprehensive care, holistic, seeing that seeks needs to be taken care by a broader view, beyond his health problem.

It was also observed that the interpersonal relationship established between women undergoing abortion and care professionals were more evidence during technical procedures. However, in this situation, it became apparent interest from health professionals to create links with women in order to find alternatives that help them solve their problems.

According to these analyzes, it is important that care professionals reflect on their positions during the care process, rescuing his humanistic training, valuing more the human person, through the adoption of behaviors for a more empathic care.

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