



KNOWLEDGE IN NURSING ABOUT HUMANIZATION IN THE RECEPTION OF THE USER IN THE SURGICAL CENTER: INTEGRATIVE REVIEW

O CONHECIMENTO EM ENFERMAGEM SOBRE HUMANIZAÇÃO NA RECEPÇÃO DO USUÁRIO NO CENTRO CIRÚRGICO: REVISÃO INTEGRATIVA

EL CONOCIMIENTO EN ENFERMERÍA SOBRE HUMANIZACIÓN EN LA RECEPCIÓN DEL USUARIO EN EL CENTRO QUIRÚRGICO: REVISIÓN INTEGRADORA

Mariana Nepomuceno Giron, Lina Márcia Miguéis Berardinelli

ABSTRACT

Objective: to analyze the scientific production in the area of nursing about embracement and humanization in nursing care. **Method:** this was an integrative review guided by the methodological steps of Ganong to answer the question << How embracement and humanization practices in nursing care in the Surgical Center have been discussed in national and international nursing publications? >> The data collection over the period between 2008 and 2012 was conducted in the BDNF, LILACS, and SciELO databases, through the reading of titles and abstracts and selection of full papers, online, in Portuguese, English, or Spanish. **Results:** a total of 66 articles were found, six were selected for the thematic analysis. Three categories emerged: << The importance of a preoperative visit for the patient >>; << Subjective aspects as an essential part of the perioperative nursing care >>; and << Embracement and reception of the patient as part of humanization in nursing care in the perioperative period >>. **Conclusion:** researches about humanization in the Surgical Center are still in reduced numbers. **Descriptors:** Nursing in the Surgical Center; Perioperative Nursing; Humanization of Assistance; Embracement.

RESUMO

Objetivo: analisar as produções científicas na área de enfermagem sobre acolhimento e humanização no cuidado de enfermagem. **Método:** revisão integrativa, guiada pelos passos metodológicos de Ganong para responder a questão << Como as práticas de acolhimento e humanização do cuidado de enfermagem no Centro Cirúrgico têm sido discutidas em publicações de enfermagem nacionais e internacionais? >> A coleta de dados, no período de 2008-2012, foi realizada na BDNF, LILACS e SciELO, com leitura dos títulos e resumos e selecionados artigos completos, online, em português, inglês ou espanhol. **Resultados:** foram encontrados 66 artigos, selecionados seis e submetidos à análise temática. Emergiram três categorias: << A importância da visita pré-operatória para o paciente >>; << Aspectos subjetivos como parte fundamental no cuidado de enfermagem no perioperatório >> e << O acolhimento e recepção do paciente como parte da humanização do cuidado de enfermagem no período perioperatório >>. **Conclusão:** as pesquisas sobre humanização no Centro cirúrgico ainda apresentam número reduzido. **Descritores:** Enfermagem de Centro Cirúrgico; Enfermagem Perioperatória; Humanização da Assistência; Acolhimento.

RESUMEN

Objetivo: analizar las producciones científicas en el área de Enfermería sobre admisión y humanización en el cuidado de enfermería. **Método:** revisión integradora guiada por los pasos metodológicos de Ganong para responder la pregunta: << ¿Cómo las prácticas de admisión y humanización del cuidado de enfermería en el Centro Quirúrgico han sido discutidas en publicaciones de enfermería nacionales e internacionales? >> La recolección de datos en el período de 2008-2012 fue realizada en la BDNF, LILACS y SCIELO, con lectura de los títulos y resúmenes y seleccionados artículos completos, on-line en portugués, inglés o español. **Resultados:** fueron encontrados 66 artículos, seleccionados 6 y sometidos a análisis temático. Surgieron 3 categorías: <<La importancia de la visita pre-operatoria para el paciente >>; << Aspectos subjetivos como parte fundamental en el cuidado de enfermería en el peri-operatorio >> y << La admisión y recepción del paciente como parte de la humanización del cuidado de enfermería en el período peri-operatorio>> **Conclusión:** las investigaciones sobre humanización en el Centro Quirúrgico todavía presentan número reducido. **Descriptor:** Enfermería del Centro Quirúrgico; Enfermería Peri-operatoria; Humanización de la Asistencia; Admisión.

¹RN, Master degree in Nursing from the Graduate School of Nursing, Nursing School, Rio de Janeiro State University/UERJ. Rio de Janeiro (RJ), Brazil. E-mail: marigiron20@yahoo.com.br; ²RN, Post-doctoral Professor, Graduate School of Nursing, Nursing School, Rio de Janeiro State University /UERJ. Rio de Janeiro (RJ), Brazil. E-mail: L.m.b@uol.com.br

INTRODUCTION

To talk about humanization is to resume the Western tradition of thinking about the place that the human being occupies in the world, in the interrelations that is established with his peers in the social sphere, and thus also in health, within ethics and solidarity. To humanize is to understand the need for rescuing and articulation with the subjective aspects that are inseparable from the physical-biological aspects. In addition to this idea, to humanize is to conceive a practice where professionals and users consider a set of physical, subjective, and social aspects that make up the health care. To humanize, once again, refers to the possibility to embed an ethical posture of respect to the other, to embrace the stranger, and recognize his limits.¹

The humanization of care involves a worthy service, careful listening, embracement and attention to the user's demands, in particular in relation to his treatment, considering that people are different, living in unequal conditions and having diverse needs. We understand that listening to the user is the emotional involvement with the other, and to listen to the other is one of the first steps towards the establishment of a relationship of care between that who cares and who receives the care.²

An active and available listening that embraces the user's demands is essential for anyone who comes to the hospital affected by a disease. This is because the active listening is an element of communication that is present in the process of care, and it is at this point that the forms of care begin to develop according to the relationships that are created during the meeting between two free people of different consciousness and cultural universes.²

Thus, for the practice of care to be humanized, it is necessary that this care begins with the embracement of the user. "To embrace is to welcome, admit, accept, listen, give credit to, clothe, receive, tend to, admit".^{3:6} Embracement, while an act or effect of embracing, expresses an action of approximation, a "being with" and a "be near". This demonstrates a stance towards something or someone, and this stance, the embracement, is the guideline of the National Policy of Humanization (PNH) of the most ethics, aesthetics, and politics relevance.

Embracement is one of the first moments in which a relationship with the user is established, it is in this moment that he speaks of his symptoms, his pathologies,

previous visits, hospitalizations, anxieties, fears, expectations and exposes a bit of his life in just a few minutes. This is the exact moment when he expects to be received worthily, with attention, respect, affection, and to establish a bond between professional and user.

For most users, to be in the hospital is to be alone, outside of his social environment, away from his family and labor functions. The hospital environment can generate a lot of feelings in the user. Similarly with the physical space in the Surgical Center (CC), which in general is not a well-known area for users and the majority of professionals in the hospital. The CC space is characterized by a critical area, with an array of specific furniture, plenty of lighting, wardrobe that is used only in this sector, and procedures carried out there, which can, of course, generate emotional alterations and stress in patients.

Therefore, the moment of reception of the user in the CC must be imbued with this principle of "be with" and "be near" because it is difficult for people to deal with surgical situations, whether chronic or acute, electives or of urgency, because regardless of the nature of the procedure they are contacting the unknown, presenting fear, insecurity, alteration of self-esteem, anxiety, and often frustration. In addition to doubts about the surgery, anesthesia, limitations, sequels, and aesthetic among others.

Therefore, we think that these feelings emerge throughout the care received because often the embracement is not performed in a satisfactory manner considering that the individual has physical, emotional, and psychic demands and his most pressing needs with regard to issues involving the pre-operative are not always prioritized.

This can occur at other times as the result of difficulty in establishing a bond between the user and nurse, the relationship itself, the little information that the patient receives about the procedures to be performed, or yet because the environment is highly specialized and the professionals who develop their actions address the physiological and physical issues with more focus than those of subjective order for the user.

Therefore, the embracement of the user in the CC is a fundamental and humanized care and consequently for the procedure in which he will be submitted and his well-being in the perioperative period. The user, in general, is received in the operating room by a professional from the nursing team, and is

with him that the first contact is established, the first "being with".

Nursing has always been considered the center of humanized assistance in health, this aspect was regarded as something natural and inherent to the profession since the career involves attributes such as love, compassion, tolerance, kindness, dedication, understanding, respect for others, appreciation for the human being their problems and aspirations, and, especially attention to the spiritual element.⁴ However, over the years and the advance of hard technologies, this aspect of nursing, of dedication to another, has been little valued by professionals who have stopped listening to users and given little dedication in relation to the other as a therapy procedure for his emotional and psychological demand.

According to the evaluation of the population, the form of care, capacity to understand the demands, and expectations shown by health professionals were more valued by users than the lack of doctors, lack of space in hospitals, and even lack of medicines.¹ The results of a study reinforce this understanding by demonstrating through the response of users that for them the interaction and nursing care are more significant than the technical care.⁵

This study aims to contribute to the analysis of the production of scientific knowledge in nursing about embracement and humanization of care in the Surgical Center, in the updates from nurses, reflections on the care in the Surgical Center in addition to leveraging new research objects, therefore, the objective of this study is:

- To analyze the scientific production in the area of nursing about embracement and humanization in the nursing care.

METHOD

The present study is an integrative review, which is a valuable method for nursing because nurses are constantly challenged to pursue scientific knowledge in order to promote improvement in patient care. The Evidence-based Practice encourages the use of research findings on health care provided at different levels of attention corroborating the importance of research to the clinical practice.⁶

The integrative review promotes the summarization of scientific productions, which facilitates the reading on the part of professionals who do not have time to perform the reading of all available material. Thus, through this method, it is possible to analyze

the studies already published that lead to general conclusions about a particular area of study.⁷

The outlining of the study followed the six methodological steps described by Ganong: (1) selection of hypotheses or questions for review; (2) establishment of the criteria for sample selection; (3) presentation of the characteristics of the primary research; (4) data analysis; (5) data interpretation; and finally (6) presentation of the review. The methodological steps used in this review are described as follows.⁸

1. Question used in the review: How embracement and humanization practices in nursing care in the Surgical Center have been discussed in national and international nursing publications?

2. Selection criteria used in the study: full article in a qualified periodical, research results, experience reports, reviews, in Portuguese, English, or Spanish languages, available in the electronic media, in the timeframe of the last five years (2008-2012). The inclusion of one study outside the timeframe was admitted due to its importance in summarizing publications between the periods of 1990-2000. Productions whose themes were in the field of mental health, women's health, obstetrics, and of the child were excluded from the study because of their low adherence to the object of study in this research in addition to productions that were not available online.

3. Characteristics of the primary research: The production of data was performed in April of 2013 in the Virtual Health Library (VHL) in the following databases: Nursing Database (BDENF), Latin American Literature and Caribbean Health Sciences (LILACS), and Scientific Electronic Library Online (SCIELO) using the descriptors: humanization of assistance, embracement, surgical center nursing, and perioperative nursing in every database. The search for articles was performed using the combined descriptors: surgical center nursing, perioperative nursing, humanization of assistance, and embracement in all databases.

The integrative review study, as an instrument of Evidence-based Practice is an approach which focus on both clinical care and education based on knowledge and quality of evidence in the clinical practice.⁷

Evidences are classified hierarchically for the evaluation of researches or other sources of information, and it is based on the categorization of the Agency for Healthcare Research and Quality (AHRQ) from the United

States of America. Thus, their classification is presented in six levels as described below: level 1-meta-analysis of multiple controlled studies; level 2 - individual study with experimental design; level 3 - study with quasi-experimental design as studies without randomization with one pre- and post-test single group, time series, or case-control; level 4 - non-experimental study design such as descriptive correlational and qualitative research or case studies; level 5 - case report or data obtained in a systematic manner with verifiable quality or program evaluation data; level 6 - opinion of reputable authorities based on clinical competence or opinion of experts' committees including interpretations of research-based information; regulatory or legal opinions.

The data collection instrument consisted of the following information to be extracted from the articles: Title, authors, descriptors, journal published, abstract, type of research/methodology used, main findings, and conclusion. Data analysis was performed on the collected material on the basis of the thematic analysis according to Minayo who establishes steps in the analysis process: Pre-analysis with material reading and rereading, exploration of the material, and processing obtained results with organization, interpretation, and presentation of results in the form of categories.^{9,10}

RESULTS

Figure 1 presents the description of the schematized data collection.

Descriptors				Databases/Virtual Library		
				Lilacs	Bdenf	Scielo
Surgical Center nursing AND Embrace	ment			0	0	0
Surgical Center nursing AND humanization of assistance				07	08	0
Perioperative nursing AND Embrace	ment			0	0	0
Perioperative nursing AND humanization of assistance				07	07	0
Surgical Center nursing				--	--	26
Perioperative nursing				--	--	11
Selected Articles				03	02	01

Figure 1. Number of articles found in the databases according to descriptors encompassing the period from 2008 to 2012 in national and international publications.

The search of scientific productions used the associated descriptors: *surgical center nursing + embrace*; *surgical center nursing + humanization of assistance*; *perioperative nursing + embrace*; and *perioperative nursing + humanization of assistance* in the surgical center and in every database. This survey resulted in 29 articles, of which only three were selected for meeting the inclusion criteria and research object as described in Figure 1.

Because no scientific production associated with the previously cited descriptors was found in the SCIELO electronic library, a new search was conducted using descriptors related to the environment in the surgical center: *surgical center nursing* and *perioperative nursing* separately. This search resulted in 26 articles for the first descriptor and 11 for the second, all with complete texts and availability. After reading the abstracts of 37 articles, only three articles met the selection criteria and were selected as described in Figure 1.

One scientific paper outside the established timeframe was included in the scope of selected productions, by authors Kikuti and Turrini and published in 2005, because it surveyed publications on humanization of care in surgical centers in the Latin American literature between 1990-2000, which was a period of deployment and implementation of the National Policy of Humanization in the hospital environment. Thus, a small number of published scientific articles on the subject of humanized care in surgical centers were identified; articles that addressed embrace as a PNH guideline in surgical centers were not found in the searched databases and virtual library.

Figure 2 presents the number of articles found, authors, periodical, research type, database and and Virtual Library.

Title	Authors	Journal (Year, volume, pages)	Type of search	Database and Virtual Library
1. Surgical center environment and its elements: implications for the nursing care	Silva Alvim	Bras. J of Nurs. [Internet] 2010 May/Jun [cited 2013 Aug 18]; 63 (3): 427-34	Qualitative research	SCIELO
2. Preoperative nurse orientation: memories of patients	Kruse, Almeida, Keretzky, Rao, Silva, Schenini, Garcia	Electronics Nurs. J.[Internet] 2009 [cited 15 July 2013]; 11 (3): 494-500.	Descriptive exploratory research	BDENF
3. Humanization of care in the surgical center: Latin American literature review 1999-2000	Kikuti; Turrini	Bahia Nurs. J. [Internet] Jan/Dec 2005 [cited 15 July 2013]; 19/20 (1/2/3): 21-9.	Descriptive exploratory bibliographical research	LILACS
4. Surgery: a different context of care	Salazar-Maya	Av. nurses. XXIX. [Internet] 2011 [cited 2013 Aug 18];(1): 55-66.	Qualitative research	LILACS
5. Surgery: between anguish and joy at the tim	Salazar-Maya	Aquichán (Online). [Internet] 2011 [cited Aug 2013 14]; 11 (2): 187-98.	Qualitative research	LILACS
6. Pre-operative: approach strategy in humanizing nursing care	Nogueira; Soares; Dutra; Souza; Avila	Res J. Online: Care is Fundam. (Online). [Internet] 2011 Apr/June [cited Jul 2013 18]; 3 (2): 1797-2005.	Descriptive exploratory research	BDENF

Figure 2. Description of studies included in the integrative review according to title, authors, periodical (year, volume, number of pages), research type, database, and virtual library.

With regard to the year of publication, a higher number of publications were observed in the year of 2011 with three studies followed by one publication per year in 2004/2005, 2009, and 2010. Regarding authorship, we identified that nurses were authors in five articles and one undergraduate student and one nursing professor were the authors of one article; this was one criterion for the selection of articles. There was no increased incidence of publication in any of the journals; each article was published in a

different journal: Brazilian Journal of Nursing, Nursing Electronic Journal, Bahia Nursing Journal, Revista Advances en Enfermería XXIX, Aquichan Journal, and Research Journal Online: Care is Fundamental.

In relation to the research methodological design, the predominance of descriptive case studies and/or qualitative (five) with level of evidence four and one review article that do not present level of evidence as shown in Figure 3 was verified in every database and virtual library.

Title	Research design	Level of Evidence
Surgical center environment and its elements: implications for the nursing care	Qualitative study	4
Preoperative nurse orientation: memories of patients	Exploratory descriptive study with a qualitative approach	4
Humanization of care in the surgical center: Latin American literature review 1999-2000	Exploratory description study of bibliographical survey	-
Surgery: a different context of care	Qualitative study	4
Surgery: between anguish and joy at the time	Qualitative study	4
Pre-operative: approach strategy in humanizing nursing care	Exploratory descriptive study with a qualitative approach	4

Figure 3. Description of the studies included in the integrative review according to the research design and level of evidence.

DISCUSSION

Researches on humanization in the Surgical-Center are still in greatly reduced numbers, possibly for being a field with a

little research or because of the difficulty to delimit descriptors for searching scientific productions. The valorization of biological aspects is perceived in the studies as a function of the characteristic of the service, extremely positivist and consequently, few

objects of research that focus on the subjectivity of the user submitted to a surgical procedure.

The thematic analysis was carried out in the selected material to organize and summarize the data to respond to the problem proposed in this study. And the interpretation sought to associate what is described in the articles with a broader knowledge already obtained on the subject and with the National Policy of Humanisation.¹¹ From then on, from the proximity between articles and repetition of themes, three categories emerged, namely: The importance of a preoperative visit for the patient; Subjective aspects as an essential part of the perioperative nursing care; and Embrace and reception of the patient as part of humanization in nursing care in the perioperative period, which direct the production of knowledge about humanization of Nursing care in the perioperative period in national and international publications. These categories are presented below.

♦ The importance of the preoperative visit for the patient

The importance of the preoperative visit will be described as one of the strategies for the humanization of nursing care that will be conducted at the CC later. The preoperative visit has as the goal of informing the user about information and consequently reducing his anxiety, anguish, and fear at the time of the surgical procedure. The term "pre-operative visit" appears in 04 of the studied articles as one form of humanization of care.

In the first researched article, we verified that the dynamics of caring and care in the CC are directed to the objectivity of actions, with interventions of a technical nature. Such activities do not discredit other aspects of caring that are in the realm of subjectivity but direct greater attention to the body and the biological. To ensure attention to the psychological aspect of the user, one of the strategies is to start such assistance even before his entry into the CC, through the preoperative visit. This visit consists of the user's evaluation by the nurse in the period preceding his scheduled surgical procedure. At this time, the professional performs a basal evaluation of the user including the emotional evaluation, prior anesthetic history, and identification of allergies among others.¹²

In addition to researching these data, it also promotes health education with the objective of preparing the patient for the surgery and anesthetic recovery. The visit must be conducted in an individualized

manner and with a focus on the learning needs of the individual.

The second analyzed article points out that sometimes such orientations are made with an intense flow of information and the patient does not have much time to assimilate the contents and address his questions about the surgical procedure.¹³

The higher the degree of understanding by the user about what will happen to him in the perioperative period, the lower the degree of anxiety in relation to the surgical intervention.¹³ In one of the studies, the interviewed nurses reported that several times patients arrive at the surgical center uninformed about what will happen to them, only knowing that they will undergo surgery but unaware of the steps during their stay in the CC.¹²

Despite that patients remember little about what was said in the orientation, they claim that the guidance provided by the nurse helped them to face the surgery. The preoperative visit promotes support and safety to the patient, and is a form of embrace and communication between the professional and patient, favoring the interaction between them and more effective and humanized nursing care.^{13,12}

The pre-operative orientation, according to the third analyzed study, must assist not only patients admitted to the hospital but also patients with scheduled ambulatory surgical procedures with the aim of elucidating questions from the patient and their families about the perioperative time, hospitalization, and mainly post-operative care. Thereby, they promote greater integration of the patient with the team and the health unit, providing comfort and safety to the nursing staff.¹⁴

According to the fourth article that comprises the scope of this category, the pre-operative orientation must be constructed from methodological strategies of humanized approaches about the process of assistance systematization in pre-operative nursing care. Furthermore, clarifying the user about the pre-operative period and minimizing the impact of his permanence in the CC could even favor better post-operative recovery.¹⁵

The pre-operative visit is part of the SAEP and despite the benefits of using the SAEP, its implementation is still not effective in most institutions due to institutional philosophies that do not value the patient in its entirety as the result of the small number of nurses and even professional demotivation.¹³

◆ Subjective aspects as an essential part of the perioperative nursing care

Elements that involve the subjective aspect of nursing care were described in the analysis of the articles in 05 productions: empathy, presence, bond, careful listening, and spirituality.

The first analyzed article in this category report that the dynamics of caring and nursing care in the specificity of the surgical center turns entirely to the objectivity of actions, with actions of technical nature that aim at restoring the individual submitted to a surgical procedure. The social interaction in the care is sometimes restricted due to the characteristics of the sector.¹²

According to the second analyzed author, nursing was projected to validate the visual aspects of the practice of caring for the empirical indicators of behavior related to hygiene, medication, ventilation, and vital signs.¹⁶

The nurse, through training based on holistic care concepts, is the most skilled professional to assist the patient in an integral way in the perioperative period. The interaction with the patient is the demonstration of the specific assistential role of the nurse that provides great safety in nursing care, as stated by the third analyzed production.¹⁴

At the time when the patient is emotionally fragile by the surgical procedure, it is fundamental that the nurse has the ability to talk, realize, and understand the complexities of communication. Namely, the nurse must develop social skills to meet this demand for care. When the nurse is able to identify the problems, she demonstrates perception and empathy abilities.¹⁴

There are professions, such as nursing, for example, whose core of their existence is tied to interpersonal relationships and social interaction. Thus, the fulfilment of their tasks takes place almost entirely in relation to the other, and therefore, are mediated by social interactions.¹⁷

In the nurses' activity related to embracement of users in the surgical center, empathic skills are essential for the concretization of humanized nursing care. Empathy is a skill learned socially and fundamental for interpersonal relationships of help, especially in professions such as nursing, whose object is the human being in its different dimensions. Therefore, thinking about technologies that enable the development of this ability in the professional training of nurses is substantial.^{18:07}

When evaluating the interactions established between nurses and patients in a post-anesthetic recovery unit, little interaction was noted between them, which reveals that there is still a great deal to be invested in interpersonal relationships to ensure quality, individualized, and humanized assistance to the patient. In this study, it was observed that the nursing professional did not get close to the user to perform specific tasks, maintaining communication with interactive purpose only a few times. Through verbal and non-verbal communication, the therapeutic relationship and bond of trust between the patient and the team is established, however, it is verified that the nurse does not give the due value to this aspect of nursing care.¹⁴

The careful listening is a communication element that is present in the process of caring, and it is at this point that the forms of care will be developed according to the relationships formed during the meeting between two free people, of different consciousness and cultural universes.² And valuing this space, of meeting, of knowledge between two people, is that the ties of friendship and professional confidence will begin to form. To favor this dialogue space is to humanize the care.

The fourth analyzed article reinforces the results that when patients are questioned about what lacked in the nursing care, they replied that more conversation between nursing professionals and the user lacked.¹³ This demonstrates once again that the formation of a bond and presence are crucial in this moment when the individual is weakened, in a physical space generally unusual to him, and with a range of feelings and expectations about the surgery. Thus, it was observed in the fifth article that most of the patients report the need for the presence of a family member or something that will reduce their anxiety. The study authors report that this fact occurs as the result of the absence of nursing, which should minimize this frame of anxiety, fear, and anguish in the preoperative moment through actions of ambiance, identification, and informational culture.¹⁵

Patients commonly manifest anguish due to lack of information that they do not receive from the medical professional. Nursing does not feel responsible for giving information, guidelines, and establish a communication and bond with the user in this moment of fragility, when the user needs more information and support in the preoperative period.¹⁵ Another reference found in one of the researched articles is the valorization of spirituality and

religiosity in the user. Spirituality presents an important role because the patient claims to a superior entity in prayer for a good outcome and gives his life to this entity. Researches show that patients with religious and spiritual participation present better health outcomes.¹⁹

The relationship of caring involves high regard for the person and his being-in-the world. Caring is understood as a moral idea where there is the utmost concern for the dignity and preservation of humanity. Jean Watson, in her Theory of Transpersonal Care, highlights the ten factors of care, being one of them, to be open and attentive to the spirituality and existential dimension of your own life.²⁰⁻²¹

Nursing was considered the center of humanized assistance, this aspect was regarded as something natural and inherent in the profession since the career involves attributes such as love, compassion, tolerance, kindness, dedication, understanding, respect for others, valorization of the human being, their problems and aspirations and, especially attention to the spiritual element.⁴

♦ The embracement and reception of the patient as part of humanization in nursing care in the perioperative period

To embrace involves the provision from the professional in being present, meeting the most pressing needs of the patient. These needs go beyond the physical-biological aspects and involve the subjectivity inherent in the human being, such as his feelings, longings, anguish, fear, and anxiety. The embracement and reception of the patient in the CC appear in 02 of the researched articles.

Embracement in the CC is a *sine qua non* part in the preoperative stage of the patient. According to one of the authors who cited embracement and reception in his article, users who have undergone surgical procedures reported the need to be embraced and oriented at the time before surgery. It is observed that the actions undertaken by the nursing staff are far from the necessary embracement needed by people undergoing some type of surgery.¹⁵

The guaranteed success in any nursing intervention can be attributed to the manner in which physical, emotional, social, and spiritual demands are answered in the care for the patient. To meet their real needs it is essential to observe how they are received, assisted, embraced, and how the relationship with the nursing staff is established because

these are factors that influence significantly in the development of the process to which they will submit themselves to surgery and recovery.

The use of last generation technological devices has been instrumental to the success of a good prognosis for the patient, however, it must be linked to a nursing care that prioritize the "being with" the human being, singling out the humanized form of assistance with the objective of obtaining satisfactory results with regard to the well-being of the patient.¹⁵

The reception and embracement terms are cited by two more authors in one article describing a place intended for the embracement of the patient named Preoperative Reception. According to the testimony of one of the nurses, this location is the heart of the surgical center where the patient arrives and after entry he waits to be destined to the operating room. However, the authors report that the professional nurse is not always present in the reception of the user, which can generate great emotional stress in the patient.¹²

According to the Ministry of Health, embracement as an action is performed with the act of approaching, defined by a "being with" and a "be near", i.e., an attitude of inclusion. Such attitude involves, in turn, being in relation to something or someone. Embracement presents itself as an ethical-aesthetic-political guideline from the National Policy of Humanization from the SUS. The guideline is characterized by ethics referring to the commitment in the recognition of the other, to embrace his differences, sorrows, joys, ways of living, feelings, and being in life.³

In this same reasoning, the directive is presented as aesthetics because it brings the strategies that cooperate for the dignity of life and of living and construction of humanity itself to relations and encounters of everyday life. And still as a policy, because it implies the collective commitment to engage in the "be with", developing in the individual his role in the various encounters.³

The commitment to "be with" involves a personal disposition to be with the other and value his subjectivity, and this disposition is in the personal and professional training, which must develop in the professional the ability to be present, to receive the other in his peculiarities. In addition, to consider in this moment the fragility of the individual who is going through illness and being next to him, with him, or in relation to him can contribute effectively to his recovery and rehabilitation.

The bond established between the user and professional extends the efficacy of the care dispensed and allows the user to feel secure and embraced. Care as a process of being in the professional towards the user involves technical skills, knowledge, sensitivity, tenderness, love, consideration for the other, and thus a sympathetic attitude.²²

The embracement as one of the PNH strategies aims to expand and qualify the users' access in order to reorganize the working process with the objective to promote the humanization of health assistance. Embracement is based on solidarity trades and committed to the production of health; it is a PNH tool that influences directly on some principles of the SUS. Thereby, nursing is a profession whose characteristics of its work demonstrate great potential in the perception of subjective aspects of life and the managing of complex situations. Thus, the possibility of roles of facilitator and action aggregator is granted to nursing, approaching the actors who work in the promotion of health.²³

FINAL REMARKS

Faced with the need to ensure a practice of humanized nursing care in the surgical center, the studied and analyzed authors reported caregiving strategies that aim to minimize suffering, anxiety, fear, and anguish in the period immediately before the surgical procedure. Similarly among the studies, feelings and expectations that users felt in relation to the surgical center, anesthesia, and the surgery itself were described.

The objective of this study to analyze the embracement and humanization in nursing care in the perioperative period in scientific publications in the field of Nursing in the selected databases was achieved. However, we observed a low number of publications available in full access to the surveyed databases about the topic of humanization in the surgical center. The delimitation of descriptors in health sciences was one of the difficulties in the selection of publications for review. Publications on the theme of embracement in the surgical center were not found; however, 02 articles that touch on the theme were found.

The strategy of humanizing nursing care in the surgical center was described as the preoperative nursing visit. This monitoring, which should be performed at least 24 hours before the surgical procedure, was described by the authors as a way to minimize anxiety, fear, and anguish resulting from entering a doubly cold environment, for acclimatization and interrelations, of the difficult

establishment of bonds depending on the type of activities that are developed in this environment.

Authors also described that the attention to elements of subjectivity is one way to implement a humanized nursing care. Among these elements, they described empathy, presence, establishing of bonds with the user, careful listening to the user's needs and demands, and attention to spirituality.

Empathy is a fundamental element in the activity of nurses because access to the user's needs can be accomplished through the thought of putting yourself in the other's place, whether by an affective or intellectual memory about the need. The presence, the establishment of a bond and the careful listening make the care humanized when facing the distance from family, the lack of a known reference, and fear of the unknown reported by the patients. Attention to spirituality and faith at this pre-surgery moment helps the user going through this moment of tension and fear. Studies reinforce that spirituality can contribute to a better postoperative recovery.

Thus, the development of research in this field is suggested with regard to the humanization of the nursing care, considering that the nursing care developed in the universe of the surgical center is deeply dedicated to physiological questions, vital parameters, and signs of complications. It is worth mentioning the importance of the attention to these aspects, which are so important for the maintenance of life in a homeostatic way. However, the attention to psychosocial aspects and to the patient's subjectivity in this moment of fragility needs to find its space for the performance of nursing care that demonstrates humanization.

REFERÊNCIAS

1. Ministério da saúde (Brasil). Programa Nacional de Humanização da Assistência Hospitalar; Brasília, DF [Internet]. 2001 [cited 2013 Sept 13]. Available from: <http://bvsms.saude.gov.br/bvs/publicacoes/pnhah01.pdf>
2. Waldow VR, Fensterseifer M. Saberes da Enfermagem - a solidariedade como uma categoria essencial do cuidado. Esc Anna Nery Rev Enferm; Rio de Janeiro [Internet]. 2011 Jul/Sept [cited 2013 June 17];15(3):629-32. Available from: <http://www.scielo.br/pdf/ean/v15n3/a27v15n3.pdf>
3. Ministério da Saúde (Brasil). Acolhimento nas Práticas de Produção de Saúde, Brasília,

DF [Internet]. 2006. [cited 2013 July 05]. Available from: http://portal.saude.gov.br/portal/arquivos/pdf/APPS_PNH.pdf

4. Oliveira CP, Kruse MHL. A humanização e seus múltiplos discursos - análise a partir da REBEn. Rev Bras Enferm; Brasília [Internet]. 2006 [cited 2013 Aug 25];59(1):78-83. Available from: <http://www.scielo.br/pdf/reben/v59n1/a15v59n1.pdf>

5. Matsuda LM, Silva N, Tisolini AM. Humanização da assistência de enfermagem: um estudo com clientes no período pós-internação em uma UTI adulto. Acta sci, Health sci [Internet]. 2003 [cited 2013 Sept 13];25(2):163-70. Available from: <http://www.periodicos.uem.br/ojs/index.php/ActaSciHealthSci/article/view/2227/0> DOI: 10.4025/actascihealthsci.v25i2.2227

6. Galvão CM, Sawada NO, Mendes IAC. A busca das melhores evidências. Rev Esc Enferm. USP; São Paulo [Internet]. 2003; [cited Sept 13];37:43-50. Available from: <http://www.scielo.br/pdf/reeusp/v37n4/05.pdf>

7. Souza MT, Silva MD, Carvalho, R. Revisão integrativa: o que é e como fazer [Internet]. 2010 [cited 2013 Sept 12];8(1):102-6. Available from: http://apps.einstein.br/revista/arquivos/PDF/1134-Einsteinv8n1_p102106_port.pdf

8. Ganong LH. Integrative reviews of nursing research. Res Nurs Health 1987 Mar; 10(1):1-11. Access for EBSCO host ®.

9. Minayo MCS. O desafio do conhecimento - pesquisa qualitativa em saúde. 11th ed. São Paulo: Hucitec; 2008.

10. Minayo MCS (Org.) Pesquisa social: teoria, método e criatividade. 20th ed. Petrópolis, RJ: Vozes, 2002.

11. Gil AC. Métodos e Técnicas de Pesquisa Social - 6. Edição. Editora Atlas. São Paulo. 2008.

12. Silva DC, Alvim NAT. Ambiente do Centro Cirúrgico e os elementos que o integram: implicações para os cuidados de enfermagem. Rev Bras Enferm; Brasília [Internet]. 2010 May/June [cited 2013 Aug 18];63(3):427-34. Available from: <http://www.scielo.br/pdf/reben/v63n3/a13v63n3.pdf>

13. Kruse MHL, Almeida MA, Keretzky KB, Rodrigues E, SilvaFP, Schenini FS, Garcia VM. Orientação pré-operatória da enfermeira: lembranças de pacientes. Rev eletrônica enferm [Internet]. 2009 [cited 2013 July 15];11(3):494-500. Available from:

http://www.fen.ufg.br/fen_revista/v11/n3/pdf/v11n3a05.pdf

14. Kikuti ES, Turrini RNT. Humanização do cuidado em centro cirúrgico: uma revisão da literatura latino americana 1990-2000. Rev baiana enferm; Salvador [Internet]. 2005 Jan/Dec [cited 2013 Jul 15];19/20(1/2/3):21-9. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/3886/2862>

15. Nogueira MM, Soares E, Dutra GO, Souza BM, Ávila LC. Pre-operative: approach strategy in humanizing nursing care. Rev pesqui cuid fundam (Online) [Internet]. 2011 Apr/June [cited 2013 Jul 18];3(2):1797-2005. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1046/pdf_369

16. Salazar-Maya AM. Cirugía: entre la angustia y la alegría a la vez. Aquichán (Online), Chia, Colômbia [Internet]. 2011 [cited 2013 Aug 14];11(2):187-98. Available from: <http://www.scielo.org.co/pdf/aqui/v11n2/v11n2a06.pdf>

17. Del Prette A.; Del Prette ZAP. Psicologia das relações interpessoais: vivências para o trabalho em grupo. 2nd ed. São Paulo: Vozes; 2002

18. Kestenberg CCF. Avaliação de um Programa de Desenvolvimento da Empatia para Graduandos de Enfermagem [tesis]. Rio de Janeiro (RJ): Universidade do Estado do Rio de Janeiro; 2010.

19. Salazar-Maya AM. Cirurgia: un contexto diferente de cuidado. Av enferm XXIX [Internet]. 2011 [cited 2013 Aug 18];(1):55-66. Available from: http://www.enfermeria.unal.edu.co/revista/articulos/xxix1_6.pdf

20. Watson J. Enfermagem: ciência humana e cuidar. Uma teoria de enfermagem. Lisboa, Portugal: Lusociência; 1999.

21. Watson J. Enfermagem: ciência humana e cuidar uma teoria de enfermagem. Rio de Janeiro: Lusociência; 2002.

22. Caixeiro-Brandão SMO, Pojianti JM. Acolhimento como prática ética, estética e política: estudo de projeto casa de parto. J Nurs UFPE on line [Internet]. 2011 Dec [cited 2013 Oct 25];5(10):2426-33. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1988/pdf_722 DOI: 10.5205/reuol.2133-15571-1-LE.0510201113

23. Silva CRA, Lunardi Filho WD, Backes DS, Silveira RS, Lunardi VL, Silva APA. Acolhimento como estratégia do Programa Nacional de Humanização Ciênc cuid saúde

Giron MN, Berardinelli LMM.

Knowledge in nursing about humanization in the...

[Internet]. 2011 Jan/Mar [cited 2013 Aug 18];10(1):35-43. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/8901>. Doi: 10.4025/ciencuidsaude.v10i1.8901

Submission: 2013/10/18

Accepted: 2015/01/06

Publishing: 2015/02/15

Corresponding Address

Mariana Nepomuceno Giron

Boulevard 28 de Setembro, 157

Vila Isabel

CEP 20551-030 - Rio de Janeiro (RJ), Brazil

English/Portuguese

J Nurs UFPE on line., Recife, 9(Suppl. 2):974-84, Feb., 2015