HUMANIZATION OF CARE BY THE HOSPITAL NURSING TEAM: THE CUSTOMER’S VIEWPOINT

ABSTRACT

Objectives: to identify the nursing practice in a humanized way together with admitted patients; to check the factors preventing the humanized care by the nursing; to assess the understanding of admitted patients on the care provided by nursing professionals. Methodology: this is an exploratory study with quantitative and qualitative approach, which made use of a form of interview during the data collection with 30 inmates, in a public hospital in João Pessoa/ PB, Brazilian Northeast. The sociodemographic data were analyzed in light of simple statistics and presented descriptively with percentages and absolute numbers, while the qualitative approach was coded in five categories. The research project was approved by the Research Ethics Committee, under the Protocol 248/ 04. Results: most of the surveyed patients were satisfied with the care, but others reported being dissatisfied due to difficulties of human resources, which brought them damages during care procedures. Conclusion: Before the reports, it was identified that hospital’s professionals have practiced the humanization of nursing care alongside admitted patients. Descritores: Nursing Team; Humanization of Care; Hospital.

RESUMO

Objetivos: identificar a prática de enfermagem de forma humanizada junto aos pacientes hospitalizados; averiguar os fatores impeditivos para a assistência humanizada pela enfermagem; avaliar o entendimento dos internados sobre a assistência prestada pelos profissionais de enfermagem. Metodologia: estudo exploratório com abordagem quanti-qualitativa, utilizando-se um formulário de entrevista na coleta de dados com 30 internos, em um hospital público de João Pessoa /PB, Nordeste do Brasil. Os dados sociodemográficos foram analisados à luz da estatística simples e apresentados descritivamente com números absolutos e percentuais, enquanto a abordagem qualitativa foi codificada em cinco categorias. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo 248/04. Resultados: a maioria dos pacientes investigados encontrava-se satisfeitos com os cuidados prestados, mas outros relataram estarem insatisfeitos devido às dificuldades de recursos humanos, o que lhes acarretava prejuízos durante o cuidado. Conclusão: diante dos relatos, foi identificado que os profissionais do hospital praticam a humanização da assistência de enfermagem com hospitalizados. Descritores: Equipe de Enfermagem; Humanização da Assistência; Hospital.

RESUMEN

Objetivos: identificar la práctica de enfermería de manera humanizada junto a los pacientes hospitalizados; averiguar los factores impeditivos para la asistencia humanizada por la enfermería; evaluar la comprensión de los internados sobre la asistencia hecha por los profesionales de enfermería. Metodología: un estudio exploratorio con enfoque cuantitativo y cualitativo, mediante un formulario de entrevista para la recolección de datos con 30 internos, en un hospital público de João Pessoa / PB, noreste de Brasil. Los datos socio-demográficos fueron analizados a la luz de la estadística simple, presentados descriptivamente con números absolutos y porcentajes, mientras el enfoque cualitativo se codificó en cinco categorías. El proyecto de investigación fue aprobado por el Comité de Ética en investigación, Protocolo 248/04. Resultados: la mayoría de los pacientes investigados se encontraban satisfechos con la atención prestada y otros informaron insatisfacciones debido a las dificultades en materia de recursos humanos, causando daños a éstos durante la atención. Conclusión: sobre los informes, se identificó que los profesionales del hospital practican la humanización de la asistencia de enfermería con hospitalizados. Descritores: Equipo de Enfermería; Humanización de la Asistencia; Hospital.

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INTRODUCTION

Regarding the history of nursing, over time, several studies, resources, methods, concepts and theories have been arisen concerning humanized care. By considering the need to establish a new culture of care to users of health services, guided by broader respect for human life and observance of ethical and moral principles in the conviviality between professionals and customers, the Ministry of Health has triggered a national plan that appreciates the human and subjective dimension present in every act of health care, pointing to the refitting of human resources in public hospitals.  

The humanization of care requires greater preparation of the interdisciplinary health team, and this team can no longer be managed by a single professional (...). The working process is benefited by a multiprofessional team, which through its specific skills can provide a full assistance. The Humanization cannot exist without having a purely idealized conception of the human being, according to which the deserving subjects of this label are only those who conquer professional and social, in addition to being supportive and generous.  

The term humanization has been constantly used in the health scope. It is based on a wide range of initiatives, but does not have a definition. There are authors who classify humanization as the pursuit of attention, besides technique and concern with the disease. One sees humanization as the need to assess the human being by taking into account its personal characteristics. Allied to this, it has been observed some arguments that are intended to modify certain practices, especially regarding the improvement and qualification of care through attention to the health professional, in order to make the care humanized, being attributed to this term that such practices are defended by each category in its own way.  

Nursing is a profession that fights for many years for a care based on the principles of the humanization; it is ambivalent, because it moves among the mind, the body, the individual, the society, the technology and the humanism. The need to humanize care goes from the receipt of the patient in the hospital until the discharge, before the various levels of hierarchy and care. Thus, the nursing professional usually remains with the customer and must guide and prepare it in relation to the psychosomatic aspects in an integral, individualized and humanized manner.  

The humanism is a value that the nursing must maintain as philosophy, in training its professionals and, mainly, as a precious ingredient in the pursuit of homeostatic balance between technology and human behavior. The appreciation of the human being as a holistic creature is a pre-condition for the humanization in the context of work of the nursing category.  

Humanizing the nursing work implies a differentiated care that values the human being, its beliefs and its affected basic needs. This implies the ability of the health professional to listen to the customer with the heart, the eyes, the face and the mind, thus contributing to the social and emotional well-being of the same. If there is not an effective communication between nursing professional and patient, certainly humanization will not be positively transmitted. Thus, this research is justified by the need to explain the importance of the nursing professional in identifying problems and clarifying doubts of the patient arising from the admission, in order to establish a bond of trust between the two.

OBJECTIVES

- To identify the nursing practice in a humanized form with the admitted patients
- To check the factors preventing the humanized care by the nursing
- To assess the understanding of admitted patients on the care provided by nursing professionals.

METHODOLOGY

Paper elaborated from the end-of-course work << Humanization of Care by the Hospital Nursing Team under the Customer’s Viewpoint >>, presented to the Graduation Nursing Program, Nova Esperança Nursing School/FACENE. João Pessoa, Brazil, 2005.

In order for the feasibility of the study, the used methodology consisted of two pillars: the first is grounded in the literature review that formed the basis for the study and the second corresponds to the empirical data collected from the responses of the patients who were admitted. It was followed by analysis and interpretation of the understanding of the subjects. Accordingly, it is an exploratory research with a qualitative approach.

The research was conducted in a medium-sized hospital containing 142 beds belonging to the state public network, located in the city of João Pessoa/PB, Brazilian Northeast, characterized by attending all specialties. The choice of this institution took place by direct...
The research has ensured anonymity of answers, as established by the Resolution 196/96, from the National Health Council, which guides the principle of autonomy and privacy9, and Resolution 311/2007, from the Federal Nursing Council, which provides for ethics of nurses.10 The project followed the guidelines of the Research Ethics Committee from the Lauro Wanderley University Hospital, having its approval under protocol number 248/04.

The instrument used was an interview form containing objective and subjective questions with two parts. The first consisted of the identification of data of participants and the second was comprised of questions related to the humanization of care provided by the nursing staff. The data collection was performed from December 2004 to February 2005 in accordance with the pre-established chronogram in morning and afternoon shifts, as ease of schedules for the interviews with the research participants.

The sociodemographic data were analyzed in the light of simple statistics and descriptively presented with absolute numbers and percentages, while the qualitative approach was employed the technique of collective subject discourse, which consists of a set of procedure and organization of discourse data derived from the participants' statements, thus allowing to rescue the understanding thereof about a particular issue in a given universe. Accordingly, the information was analyzed and coded into five categories obtained from the speeches of the subjects when they had similarities of ideas:

1. Comfortable
2. Attention
3. Respect
4. Concern
5. Lack of resources

This process involved the following steps: selection of the keywords of each particular discourse, these expressions formed continuous or discontinuous segments of speech that unveiled the essence of the discursive content; identification of the main idea of each keyword and complementary ideas; combination of keywords relating to similar and complementary ideas in a synthetic speech, which is the collective subject discourse.

This procedure involved the decomposition of the speeches of the participants in units of thematic analysis relating to the study object from which we formulated the core ideas of the stories. The statements were discussed in the light of the literature.

RESULT AND DISCUSSION

The analysis of results is presented in two parts: the first consists of sociodemographic data and the second is related to the humanization of the care provided by the nursing staff.

Regarding the first item of the instrument, it was noted that, from 30 interviewees, the age group ranged from 16 and until people older than 66 years, with predominance of age range from 46 to 56 years, being that there were seven people older than 66 years (23.3%). It was noticed that most of the age group expressed an interest in the health promotion and care. This occurred because the surveyed population has its highest percentage in productive stage, as well as being more likely to labor activities, which lets people exposed to occupational and automobile accidents, surgical traumas and emotional disorders.

We have found factors contributing to this hospital admission, such as surgical traumas, caused by fractures, gunshot wounds, amputations, hysterectomies, cholecystectomies, strokes, neoplasms and complications from diabetes. This group proved to be motivated to take care of its health as a result of awareness and willing to adopt practices that would change its lifestyle and improve its welfare.12

Regarding the age group above 66 years, it confirms the trend of increase in the amount of elderly people in Brazil, thanks to advances in health and sewage disposal, thus increasing the prospect of life. Since the 1980s, Brazil started to be considered as a country in transition, from youth to mature, because the Brazilian population is aging, although its life expectancy is lower than the levels of developed countries.12

Regarding the gender, 25 (83.3%) were females. In Brazil, this percentage demonstrates an increase in the amount of women when they are compared to men, and it presents several factors existing in this variation of proportions.13 One should consider the rate of male mortality in the age group from 20 to 24 years old, which is almost ten times higher than female. Another important point is the fact that women are...
possibly more worried with health prevention and feel the need to seek this service for diagnosis and treatment, which explains the higher rate of admitted women. In most countries, the female gender represents a bit more than 50%, of the total population, thus resulting in a nearly balanced situation between the two genders. In Brazil, in 2000, there were approximately 86.1 million women, 50.8% of the female population. A relevant factor for this result is that the mortality rate is higher for men, which provokes the increase of women all over Brazil, with greater average life, i.e., about four years longer.

Concerning the marital status, 15 (50.0%) of the surveyed patients are married and were admitted due to surgical traumas, neoplasms or diabetic complications. The largest percentage of investigated is concentrated in the city of João Pessoa/PB (30%), being that this municipality is the location with a higher number of health units and hospital care of high complexity. João Pessoa has 27 accredited institutions, which are distributed in local, state, philanthropic, university and private hospitals and approximately 144 family health units, formed by multiprofessional teams trained to offer a better health care, thus stimulating the population’s demand for services and health programs.

With respect to religions, the highest rate was of Catholics: 27 (90%). By considering the differences of religions, Catholicism has a more penitential nature and was marked by popular missions of Capuchin, Franciscans and other religious who held traditions since the XVII century. From the XX century, there were changes in the customs of the Catholic person, being that it became more open to the festivities and other activities linked to religious movements such as: meeting of young people, meeting of couples with Christ, charismatic movement and folklores. All of these movements have the support of the Catholic Church. In our state, the data are similar to the overall results, because more than 84.0% of paraibanos are catholics.

In analysis of customers’ discourse, they were described in the form of thematic analysis after extraction of the results obtained through the speeches and data coding. The number of responses did not correspond to the number of investigated people, for verifying that the subjects responded more than once the same question.

The question number 1 refers to the way in which the customers were being treated. It had the core idea characterized as comfortable to them because of the mode in which they responded:

They treat me well and respect me. (Customer 2)
Nobody treats me badly. (Customer 5)
More or less, it’s good in the way it is. (Customer 10)
They ask if I feel pain and how I eat. (Customer 18)
Some nurses treat me well and others not. (Customer 4)
Some nurses treat me badly. (Customer 26)

The responses on nursing care were well diversified. It has concentrated the responses that they were well treated and respected and others reported that some nurses treated them badly. Accordingly, one should perceive that there were differences in the responses with regard to the care offered where it becomes effective by means a relationship between professional/customer so that there is success in the care to be conducted by the health team, since the bond created between them help to combat the anxiety of the hospital admission, besides providing a degree of stability and confidence. Moreover, it is ineffective due to the physical fatigue arising from turnover of shifts and bad sleep nights. The standards for a good nursing care are: planning, implementations and interventions of hospital care in all phases of admission. Thus, it is necessary to rescue the caring/care in its full dimension, through humanized aspects like: the act of listening to the other, which provides a closer and affective relationship; the touch, which is a silent way of showing concern for its fellow man and that can convey comfort and acceptances, especially for those who feel alone and/or scared.

Human care is seen as a way of being and relating, where the dimensions interact together with the variables, by following with ethics, knowledge, values, respect, history, love, belief and other parameters, thus contributing to the preservation of the human nature and the development of the spiritual life.

In addressing the question number 2, in relation to nursing care, related to professional activities, it was obtained the following answers with the core idea of attention:

They do everything well and respect people. (Customer 3)
They give the medications at the correct time. (Customer 7)
They treat everyone with love and attention. (Customer 12)
They talk to me and play at the time of the procedures. (Customer 19)
They are devoted at the time of care. (Customer 25)
There are some annoying and stressed people in the team. (Customer 30)

Regarding the nursing care performed, the results are satisfactory, by considering that the interviewees reported that the nursing staff does everything well and with respect, as well as reported that there are annoying and stressed people in it. These reports show how some professionals conduct their activities, with dedication and respect for their customers. Moreover, it show the lack of stimulus and the low wage, which makes professionals feel discouraged and do not practice the systemization of care with efficiency and quality, thus becoming annoying and stressed people within their workplaces.

It is possible to understand that every day the nurse deems that it is very important to provide appropriate assistance to his/her customer and believes to be necessary having an open line of communication with it. Accordingly, as the clock does not stop, he/she will have to manage his/her time in executing the things that he/she deems to be a priority, the physical welfare, and it is of paramount importance that the professional has a good relationship with the customer so that the team achieves success in the execution of nursing activities. It is the responsibility of the nursing professional to reduce or even eliminate the degree of anxiety and fear of the customer. The nurse must have an overview of the customer's needs, as well as of its family members, by helping them to understand their problems in a biopsychosocial and spiritual way, besides trying to reduce the degree of anxiety during the performance of its procedures.

The question number 3, where it addresses the classification of nursing care in the patient’s viewpoint, was demonstrated in the idea of respect:
That’s good care! They have respect for us, are friendly and do their best during the care procedures. (Customer 13)
Great! We are well treated and served as asked. (Customer 23)
It’s regular! Some professionals do not know how to treat the sick people. (Customer 21)

In line with what was mentioned by the sample, it was evidenced that the interviewees reported a good care because of respect, since the teams are friendly and do what they can in attending patients; nice because they are being well treated and attended in their requirements; and regular, because some professionals did not provide an individualized care, did not respect their individualities, did not clarify their doubts and also did not take into consideration their fears, anxieties and concerns before their diagnoses and treatments.

The nurse must participate in the monitoring of its customer, by trying to protect him/her and not letting the nursing care limited. Nurses must not allow the progress and evolution of the world move them away from the patient. Science and technology do not obey the moral criteria. We can offer the maximum of the technique to our customers; we must be technicians with wisdom, therefore, we must recognize that no machine can replace the nurse-customer dialogue. He/she is the fundamental basis for that a good tie of confidence, safety and respect is formed between them.

In order to be considered as satisfactory, the nursing team, during its visit, must perform some appropriate interventions for the customer, by explaining and informing on routines, care to be provided, any discomfort and complication that may arise, and be careful to minimize its health status. The nursing care must be made of interaction, contact with the customer and human rescue.

Humanized care by the nursing team was characterized by the admitted people in the core idea of concern in the question number 4:
The care is good, the nurses are always around. (Customer 24)
There is respect at the time of the care. (Customer 9)
Some professionals do not treat well. (Customer 19)
There is love for the profession. (Customer 14)
They talk to everyone. (Customer 27)
They care about our health status and have patience. (Customer 28)

According to the speeches of the interviewees, the obtained responses mentioned that humanization by the nursing staff is being provided in a way consistent with their expectations, because nurses are always around, but also pointed out a negative point in which they expressed their revolts when reporting that some professionals do not treat patients well, since this fact is due not only to their performance, but also the subsequent actions, such as: the very stress of the profession, the lack of rest, the sleepless nights with double shifts and because some professionals do not exercise the labor with love and dedication.
Humanizing is characterized in all that is needed to make the hospital admission more suitable to the human being and the safeguarding of its fundamental and essential rights, since the quality of care depends not only on the execution of planned actions and techniques, but on a sense of empathy, according to the willingness to listen to it and value it as a human being, on the attitude and actions of health professionals in relation to the customer, given that the professionals are crucial to help them to overcome the situation in which they are. The humanization of care is guided by the rights of customers, through the Code of Professional Ethics, thus seeking to guarantee more autonomy, respect and privacy at the time of execution of each procedure and maintaining the individuality and quality of care at the time of attendance, by treating them holistically, in which the human being is viewed as a whole.21

When talking about humanization, we cannot be individualistic, because we are talking about ourselves, in other words, our history and our future. Humanized professionals and individuals are honest people who know how to deal with their limits as subjects, are thinking beings who know make questions on what they have learned and lived. The humanization does not coincide with the practices adopted during the service or with the demonstrated gentleness and empathy, not even with titles and kudos. 2

Lastly, questions related to the difficulties of humanized care from the perspective of the customer were described in the core idea of lack of resources:

Lack of human resources. (Customer 1)
Lack of supplies and medications. (Customer 4)
Lack of love. (Customer 11)
Lack of nocturnal care. (Customer 6)
Double shifts brings fatigue. (Customer 29)
Low wages. (Customer 15)
They did not answer the question. (Customer 16)

With regard to the difficulties encountered by the customers, they have emphasized the lack of human resources, materials, love, nocturnal care, double shifts and low wages. It is noteworthy to highlight that the nursing staff works under humane conditions below its normality, such as the example of the lack of other professionals to be part of the scale, which overloads those who are in the scale of service with the great amount of customers during their shifts; shortages of materials, which hinders the care; lack of commitment to the profession and overload of work due to very low wages, being that they have to seek other services to meet their expenses, which generates a poor assistance in their care shares.

In order to humanize, it is required having a prepared staff, however, it should be noted that the motivation of nursing workers decreases every single day and the turnover of professionals in search of better working conditions and other aspects has been increased.24,25

In order to make the humanization with quality takes place, the way is to provide a different hospital care. Accordingly, it brings benefits to the health care team, to the customer and to the hospital institution. Nonetheless, there are some administrative obstacles combined with other factors that are beyond the competence of professionals, which hinder their operationalization in the daily activities, such as the lack of workers and human resources without quality, thus causing indifference towards the human suffering and fragmentation of care during the attendance.

**CONCLUSION**

Nursing is the art and science of caring of people. In order to make nursing a feasible work, it is necessary having a mutual process of interaction between caregiver and patient, with exchange of information and feelings among people. There must be the acknowledgment of the feelings of the patient, something that is essential for the nursing professional, who can contribute with a comprehensive care spontaneously, with perception of the customer's actual needs to conduct a systematized care plan, thus developing an empathic stance.

Through this study, it was possible to analyze the reports of each interviewed that, to some extent, have contributed to explain to nurses and to the researched institution about the rights of admitted patients, since these data serve to clarify the crucial points for the Nursing Care Systematization (NCS).

Given the above, we consider the nursing care as effective, since it has attended the expectations of admitted customers, thus contributing to a faster recovery. Accordingly, it is expected to expand these outcomes to other works on the investigated topic.

These findings have enabled the onset of proposals, where it was suggested that the hospital must implant systematization of care provided by the nursing staff for admitted customers as a way to standardize nursing care procedures; prepare a proper form for the Nursing Care Systematization, allowing professionals to identify points needed to improve the satisfaction of admitted people;
program effective measures that foster the amount of human resources to provide an individualized care; nurses have the opportunity to be recycled to meet with the Nursing Care Systematization, thus providing a more effective control of the quality of care; our outcomes can also contribute as subsidies to the nursing staff of the hospital at stake and to the other people who have interest in the topic.

REFERENCES

25. Silva MJP, Leão ER. Práticas complementares no aliciamento da dor In: Chaves...