



RECEPTION IN THE HUMANIZATION MOLDS APPLIED TO THE PRE-NATAL NURSERY WORK PROCESS

O ACOLHIMENTO NOS MOLDES DA HUMANIZAÇÃO APLICADA AO PROCESSO DE TRABALHO DO ENFERMEIRO NO PRÉ-NATAL

EL ACOGIMIENTO EN LOS MOLDES DE LA HUMANIZACIÓN APLICADA AL PROCESO DE TRABAJO DEL ENFERMERO EN EL PRENATAL

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ABSTRACT

Objective: to describe the strategies used by the nurse in the prenatal care focused on the reception in a humanized way and in the work process. **Method:** this is a qualitative, field study, developed in a health unit from two focus groups with six women in each group. The Content Analysis technique was used in the Categorical Analysis modality, composed of the phases: pre-analysis, material exploration, treatment of the obtained results and interpretation. **Results:** after the analysis, the category «Reception and humanized actions in the prenatal nurse work process» was defined and the subcategories: << Access to available resources >>; << Prenatal care >>; <<< Physical structure of the unit/environment >>; << Workshops: group of pregnant women >>; << Reception: protocol of the unit >>; << Humanization: health program >>; << Prenatal consultation: autonomy of the nurse based on technical-scientific knowledge >>. **Conclusion:** we emphasize the importance of the need to seek reorganization of services, which modified the profile of the work of the health professional, where he will find a quality in the assistance provided, always having in mind the work process, which is a sequential and continuity of actions in pursuit of goals. **Descriptors:** Reception; Humanization; Assistance; Nurse; Prenatal.

RESUMO

Objetivo: descrever as estratégias utilizadas pelo enfermeiro no pré-natal voltadas para o acolhimento nos moldes humanizados e em seu processo de trabalho. **Método:** estudo qualitativo, de campo, desenvolvido em unidade de saúde, a partir de dois grupos focais com seis mulheres em cada grupo. Foi utilizada a técnica de Análise de Conteúdo, na modalidade Análise Categral, composta das fases: pré-análise, exploração do material, tratamento dos resultados obtidos e interpretação. **Resultados:** após análise, definiu-se a categoria << Ações acolhedoras e humanizadas no processo de trabalho do enfermeiro no pré-natal >> e as subcategorias: << Acesso aos recursos disponíveis >>; << Atendimento de pré-natal >>; <<< Estrutura física da unidade/ambiente >>; << Oficinas: grupo de gestantes >>; << Acolhimento: protocolo da unidade >>; << Humanização: programa de saúde >>; << Consulta de pré-natal: autonomia do enfermeiro embasado no conhecimento técnico-científico >>. **Conclusão:** ressaltamos a importância da necessidade de se buscar a reorganização de serviços, que modificara o perfil do trabalho do profissional de saúde, onde encontrará uma qualidade na assistência prestada, tendo sempre em vista o processo de trabalho, que é um processo sequencial e de continuidade das ações em busca de atingir objetivos. **Descritores:** Acolhimento; Humanização; Assistência; Enfermagem; Pré-Natal.

RESUMEN

Objetivo: describir las estrategias utilizadas por el enfermero en el prenatal dirigidas para el acogimiento en los moldes humanizados y en su proceso de trabajo. **Método:** estudio cualitativo, de campo, desarrollado en unidad de salud, a partir de dos grupos focales con seis mujeres en cada grupo. Fue utilizada la técnica de Análisis de Contenido, en la modalidad Análisis Categral, compuesta de las fases: pre-análisis, explotación del material, tratamiento de los resultados obtenidos e interpretación. **Resultados:** después del análisis, se definió la categoría << Acciones acogedoras y humanizadas en el proceso de trabajo del enfermero en el prenatal >> y las subcategorías: << Acceso a los recursos disponibles >>; << Atendimento de prenatal >>; <<< Estructura física de la unidad/ambiente >>; << Oficinas: grupo de gestantes >>; << Acogimiento: protocolo de la unidad >>; << Humanización: programa de salud >>; << Consulta de prenatal: autonomía del enfermero basado en el conocimiento técnico-científico >>. **Conclusión:** resaltamos la importancia de la necesidad de buscar la reorganización de servicios, que modificará el perfil del trabajo del profesional de la salud, donde encontrará una calidad en la asistencia prestada, teniendo siempre en vista el proceso de trabajo, que es un proceso secuencial y de continuidad de las acciones en busca de alcanzar objetivos. **Descriptor:** Recepción; Humanización; Asistencia; Enfermera; Prenatal.

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INTRODUCTION

Reception, in general, can be understood as the way the health professional receives the patient from the moment he or she arrives, becoming responsible for it, giving attention to their complaints, listening to their concerns, suffering and, at the same time, contributing to remedy or alleviate their health/illness needs to assure another service continuity of care when necessary.¹

The meaning of reception is also given by improving access to ensure the conditions of the process of humanized work between professionals and users of services and the network. Thus, the reception also becomes a form of contact between the internal networks (health unit) and external multi-professionals (monitoring outside the health unit) to meet the needs of patients and families.² Also, the reception is shown as a fundamental part of the quest for the integrity of the care, in which the objective of the services rendered by the nurse must have the patient in their needs as a primary goal and not keep the focus only on the illness, aiming, in this sense, for the excellence of the care.³

Among the stages of the reception, there are: access - the first step to be overcome in the distance of the patients until the arrival at the health unit looking for the service that has good access, reception and welcoming; posture - listening, commitment to respond to their suffering in a humanized way providing adequate assistance; technical - enable professionals to continue education, expand and qualify access to the patient and use practices in accordance with the patients' needs; reorientation of services - the work process is part of this reorganization of service, in which it tends to reach the identification of the demand of the patients to reorganize them within their needs of health services.⁴

There is the Stork Network, established under the Unified Health System, which guarantees quality, safe and humanized care for all women. It is a work that seeks to provide shelter to pregnant women from family planning through pregnancy confirmation, prenatal care, childbirth and the puerperium. The stork network enables the provision of a warm and continuous care service for maternal and child health, based on its guidelines.⁵

Thus, the reorganization of services has the work process, which is how the day-to-day professional activities are developed, how the work is carried out with responsibility,

whatever it may be. In general, the work process can be understood as the process of development, transformation, professionals, through the production, who try to obtain objects to develop skills that allow critical reflection and the transformation of their routine of looking for results that aim at customer satisfaction.⁶

In this context, quality and humanized care depend on the provision of the necessary resources and the organization of routines with proven beneficial procedures, avoiding unnecessary interventions⁷, and nursing is responsible for minimizing such behaviors. To this end, it is necessary to invest financially in the management of hospitals, changes in the posture of health professionals, and the implementation of a scientific base in care.⁸ Nurses are also welcomed to the woman during prenatal care, admission, listening, caring, welcoming, receiving, expressing an approaching action, strengthening it until the moment of delivery so it is quiet, according to the guidelines of the National Humanization Policy of the Unified Health System (SUS), providing a positive experience.⁹

The primary objective of the Prenatal and Birth Humanization Program (PHPN) is to ensure improved access, coverage and quality of prenatal care, delivery and postpartum care for pregnant women and the newborn, in the perspective of the rights of citizenship, which will favor the performance of the nurse.³ Thus, a humanized work allows the professional to give meaning to what he does, facilitating women's access and qualifying care by giving affective attention and the right to good health, as well as clarifying the doubts of the parturients and supporting them in the course of the pregnancy process, in accordance with the objectives of the prenatal follow-up.¹¹

It is questioned: Which strategies are used by the nurse in the prenatal care in the implementation of the reception in the humanization mold of care in the prenatal work process?

The choice of the topic is justified because it knows that even though the SUS offers assistance to all as a citizen of rights; it is known that Brazil is a country with deep socio-economic inequalities. In the face of this, we can also see the challenges of a humanized health and quality, in which the reception and humanization are often disarticulated in the work process of health professionals.

This research may contribute to assist the manager and the nurse in the work process before the humanized prenatal act by providing them with a reflective practice that

will make them aware of how important the reception is for the pregnant woman during prenatal care.

OBJECTIVE

- To describe the strategies used by the nurses in prenatal care for the reception in the humanized way in their work process.

METHOD

This is a qualitative, field study,¹³⁻⁴ at a health unit in the city of Rio de Janeiro (RJ), Brazil, located in the program area (PA) 5.1. The unit that had the birth of the baby of 2000 in 2012 is composed of a team capable of attending to low-risk pregnant women with Obstetric, Technical and Nursing Assistants, Nutritionists, Social Workers and professionals who advise on oral health. There are no doctors in the health unit.¹⁵

The subjects interviewed were 12 puerperal women who underwent prenatal care at the health unit, aged 16 to 34 years old. Among these 12 puerperal women, two had children in the unit and 10 had children outside the unit. There were two of the 12 puerperal women who had more than one gestation. Considering the relation of the interviewee's perception, through the behavior of the subject, it was noticed that there was a frustration for not being able to perform the delivery in the unit where he performed the prenatal, but they wanted to participate in the interview telling a little about their experiences.

The research project was submitted to the Ethics Committee in Research, according to Resolution 466/12 of the National Health Council, and registered in the Brazil Platform, receiving, analyzing and issuing the favorable opinion on the documentation for the research, receiving protocol of approval of research nº 199/07.¹⁶⁻⁷

An interview script was used.¹⁸⁻⁹ The elaboration of the questions for the implementation of the focus group was based on questions about the strategies used in humanized prenatal care and on the success that professionals have obtained in the process of nurses' work, and also encompassing issues that will indicate the existence of humanized practices in prenatal care, considering mainly the technical aspect of the interview. All the material collected was recorded on an MP3 player and transcribed for later analysis.

The Content Analysis technique was used in the Categorical Analysis modality, composed of the following phases: pre-analysis, material

exploration, treatment of results obtained and interpretation.²⁰

After analyzing the data, the category "Reception and humanized actions in the prenatal nurses' work process" was defined and the subcategories: <<Access to available resources>> << Prenatal care >>; <<< Physical structure of the unit/environment >>; << Workshops: group of pregnant women >>; << Reception: protocol of the unit >>; << Humanization: health program >>; << Prenatal consultation: autonomy of the nurse based on technical-scientific knowledge >>.

RESULTS AND DISCUSSION

◆ Reception and humanized actions in the prenatal nurses' work process

Humanization in the prenatal work process is related not only to receive the woman in the health unit but essentially in the way in which this woman will be received within the unit.

◆ Access to Available Resources

The access to available resources is the way the patient will do to obtain information about the unit, how to move away from his residence to the unit and the gateway in the service system needed by him, ensuring access to other levels of care if necessary for continuity of care.

First, I heard about the delivery house, because my neighbor did prenatal here, then she said it was good, she liked it, then my mother said so, so come on, see, I came... (E4)

The patient first thinks about seeking assistance where she has easy access to the services and quality care from its reception in the unit with a good reception until the end. Therefore, when the assistance of the health service is welcoming, the patient gives continuity to the treatment even if her displacement is distant to access the unit. The patient becomes more confident in the service she receives when she has a good service-professional-patient relationship, becoming loyal to the establishment and passing on to friends and relatives.⁹

The access to available resources is understood as ways in which the unit provides service to its patients of the locality through its services, from the reorganization to good practices in the unit, with the objective of promoting health and quality of life of patients.¹⁰

◆ Prenatal Care

Prenatal care during pregnancy is important to obtain information about the health of the baby and the maintenance of the life of the pregnant woman to make the necessary interventions, if necessary, for the good development of the baby during the gestational period. It is beneficial to avoid complications during pregnancy and the time of delivery.

I was very well taken care here, the nurses are great ... the gave me attention ... (E6)

The care, the way they deal with the pregnant women, do you understand, is a different way ... (E7)

In the prenatal care of the nurse, besides to performing technical assignments, he must show attention to the lifestyle of his patient, listening to her words, especially her worries and anxieties. The nurse should play the role of a good listener, giving quality attention to the pregnant woman creates a bond of trust in the professional. The humanized attention of the nurse is paramount, especially during the onset of her pregnancy, in which there are physical and emotional changes, making the difference during this phase of the pregnant woman's life, as well as providing comfort and safety in her prenatal care.²¹

The nurse's prenatal care must be followed by routines to perform care through the patient's registration and Pregnant's Record, check vaccination if it is up to date; otherwise, nurses can refer them to the vaccination of pregnant women and provide conditions for family planning and group activities such as health education.¹

◆ Physical Structure of the Unit/Environment

A differentiated physical structure that attracts the attention of patients has to be organized, clean, harmonious, adapted to such procedures and the patient enters and feels welcome in the place where she is.

I was getting more and more anxious, each time with more will, and then I knew the suite, I was two times, there I was even more enchanted ... (E1)

The nurses are wonderful, they're too thoughtful, things I've never seen anywhere that's not paid, I've never seen ... (E7)

Ambience means physical space and should provide everyone who is there a harmonious place, welcoming, attentive. In the ambience, there are components that compose them, for example, adequate ventilation; the color of the site; signs; suitable lighting; firm, stable and non-slip floors. An organized and adapted environment for the following health practices aims to contribute to the structuring and

strengthening of the environment, making it a comprehensive place and priority for those who want to change health practices.²²

Necessary items for the valuation of the environment and the structure of the health unit are the appropriate equipment and materials for actions proposed to the patients, the composition of the multi-professional team and the reference guarantee for the specialized services. The process, the set of activities and procedures that are made by professionals for results and changes, whether related to the health status of the individuals, or the changes in behavior, or satisfaction of the patients of the services, are of utmost importance, where only a good structure leads to a good process and in turn, to a good result, given that professional excellence can result in beneficial effects, even in adverse conditions.²³

◆ Workshops: Pregnant Group

The workshops are offered as a way of preparing the woman for the new phase of life, as therapeutic measures for relaxation, providing a moment with her baby, with the professionals of the place and with other pregnant women in an occasion of relaxation and clarification of doubts, conversations in meetings, cooking, clarification of the physiology of childbirth and its preparation.

Then I did everything here right, I liked the service, all the workshops I participated ... (E1)

All the workshops I had here, I did not miss one ... (E7)

The focus of the group workshops of pregnant women is in the educational process through interactions with each other in a dynamic and reflexive way, strengthening the group and individual activities, the valorization of health, with the groups aiming to complement the attendance during the prenatal care consultations, favoring humanization during the care and approach of the professional, making the pregnant woman come to understand during this process of change of feelings, which appears in this period, to understand how to deal with new habits of the new phase of life.²⁴

According to the nurse's attributions, when the professional has adequate competence, he focuses not only on promoting health but rather on prevention, providing workshops in groups, not failing to evaluate them according to the nursing process used as an assistance method.¹²

◆ Reception: Unit Protocol

The reception is to attend all those who seek health services, strengthening the

principle of integrality and equity, with as an axis to promote reflections and actions of humanization of health services, based on ethics and citizenship.

I had never seen such a welcoming place ... (E1)

Then, I attended the first meeting that was the reception, then she explained everything, then I liked it... (E4)

The reception takes place through the reorganization of the service to always have a positive response to the health problem provided to the patient, so the welcoming attitude foresees a mobilization of the subjects involved in health. This service practice shows the reorganization of the work and the professional attitude in the attention to the patient. In view of this understanding, the relationships are translated into the intentions of a service with guaranteed access to services and humanization established in the daily life of institutions.²⁵

One can understand the reception as attitudes of approach, the attitude of inclusion, in which the health professional to practice the reception needs to know how to attend. Thus, to can gain the confidence of the patient, it is necessary to keep the affectivity built every meeting and through meetings, you must know how to listen, know how to accept the other, how to give credits, have professional ethics to recognize to be committed to the other through their pains, their joys, their ways of living, feeling and being in life, we need to build bonds, guarantee access with accountability and resolve in services.³

♦ Humanization: As a Health Program

Humanization is the act or effect of humanizing, changing behavior and attitudes, becoming human and giving human conditions in general, measures that aim, above all, to make effective the assistance to the user in order to improve services.

Not here, people are in solidarity with their pain ... (E2)

Here you have the support of everyone ... (E7)

Humanization begins first through the valuation of the different subjects involved in the process of production to health, such as patients, workers, and managers. Humanization is present in the scope of work with solidarity bonds and identification of social health needs, being committed to the conditions of improvement of care, expanding the dialogue between health professional and the patient, being so attentive and knowing how to maintain the exchange of experiences between them.²⁶

Humanization can be understood by at least two important and fundamental aspects: the first concerns the conviction that it is the duty of health institutions to receive patients with dignity, in which this requires attitude and ethics of health professionals and the organization of the units to that can receive the patients in a humanized and welcoming way; the other requires the adoption of measures so the procedures performed are beneficial in the follow-up of the patient within the health unit, avoiding undesirable and non-humanized practices.¹

♦ Prenatal Consultation: Autonomy of the Nurse Based on the Technical-Scientific Knowledge

Pregnant women with low risk are classified as low-risk pregnancies who during prenatal care, do not present any complications, so the nurse becomes fully autonomous to assume prenatal care and may request complementary laboratory tests. Including educational activities regarding pregnancy, childbirth and the puerperium, based on the technical-scientific knowledge that is related to the techniques and knowledge acquired by nurses at the time of their formation, both provide the differential in the work process, in which the scientific knowledge of the nurse is what guides the techniques and practices so there is a humanized and welcoming work process, thus, the satisfaction of the patient.

I made the birth plan, all right ... (E1)

Not here, everything here contributes to that pain diminishes... (E2)

There are all the doubts that I asked them, they answered, with the most attention, there was not that thing of rudeness, they answered everything, any doubt, even if I call from home they answered, even by telephone. (E4)

I think it's very important for any type of person ... it was great, my prenatal care, my whole pregnancy was wonderful ... (E7)

Prenatal consultations during pregnancy are essential for safe delivery of both the mother and her baby, including prevention and promotion of health and possible treatment in the case of gestational diseases and incidence of maternal and neonatal mortality. The nurse has full autonomy legally in low-risk prenatal care, providing quality and humanized consultations, and can request complementary routine exams, prescription of standardized medications and educational actions both individual and collective in which the professional is inserted.²⁷

The nurse should always act as a guiding force for the importance of prenatal care, to

alert the risks to which they are vulnerable, dates of the consultations, as well as the nurse, should provide safety and protection not only the pregnant woman but also all that surround her to live a quality prenatal.¹

CONCLUSION

It is necessary to seek the reorganization of services, modifying the profile of the work of the health professional, where he will find a quality in the assistance provided, always for the work process, which is a sequential process and continuity of actions in pursuit of goals.

The strategies highlighted during the study are those that seek to provide a better quality of care, such as: Access to Available Resources, which is present in the way the patient/client has to obtain information about the unit, searching through the access services that will heal her needs; Prenatal Care, which is of utmost importance for the quality of life of both the baby and the mother, seeking to avoid interurrences during pregnancy and the moment of delivery; The physical structure of the Unit/Environment is the one that becomes differentiated by what exists in the environment, for example, a harmonious, clean place; a well-ventilated and illuminated structure; structure suitable for such procedures; a structure that always aims at the patient's reception; Workshops: a group of pregnant women, those who call attention to the fact of preparing for a new phase of life, a behavior making relax, and clarify doubts, seeking to provide moments of the mother with the baby; Reception: Protocol of the unit, is to attend all who seek the health service in the same way, providing humanization actions, based on ethics and citizenship; Humanization: Health Program, is to have humanized attitudes that give human conditions in general, measures that aim to make effective the assistance to the user aiming at the improvement of services; Prenatal consultation: Autonomy of the nurse based on the technical-scientific knowledge, low-risk prenatal nurses have the autonomy to assume the same, based on the technical-scientific knowledge, which is related to the technical knowledge and knowledge acquired during their training.

It is believed that there are many studies on the subject and that there may be other research on the subject, as something that makes all health professionals in general reflect, not only the area of nursing, and may even continue to the study initiated. Also, it is believed that the study may cause a reflection

through the nurse's professionals and that postures and behaviors change, seeking positive points in the daily care and to practice with a reality in which care is taken welcoming and humane, with visible transformations, providing patients with a better service.

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