

Humanization in a major emergency: nurses showing their practices in care quality*Humanización en una emergencia mayor: enfermeras mostrando sus prácticas en calidad asistencial**Humanização em grande emergência: o enfermeiro evidenciando suas práticas na qualidade assistencial***Milton Domingues da Silva Junior¹**

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Abstract

The aim was to analyze the strategies used by nurses in the quality of humanized care directed to patients in the urgency and emergency sector. This is a descriptive and exploratory study with a qualitative approach, based on a semi-structured interview carried out with nurses from the risk classification unit of a Municipal Hospital of the Unified Health System, being a reference as the largest in urgent and emergency care in Latin America, located in Rio de Janeiro. Of the 16 respondents, there was a predominance of females with 10, between the age of 14 they were between 30 and 47 years old, between the marital status, 7 were married, between the time of performance, 9 participants were from 8 months to 9 years, and 7 from 11 to 28 years in the profession. Three categories were chosen, which they named: The professional's understanding of humanization; The professional's perception of the National Humanization Policy and its main objective, and the strategies used for the quality of humanized care. Nurses understand about humanization and the purpose of the National Humanization Policy, as well as creating strategies from welcoming to teamwork to ensure the quality of humanized care.

Descriptors: Humanization of Assistance; Emergency Nursing; Quality Management; Health Services.**Resumen**

El objetivo fue analizar las estrategias utilizadas por los enfermeros en la calidad de la atención humanizada dirigida a los pacientes del sector de urgencia y emergencia. Se trata de un estudio descriptivo y exploratorio con abordaje cualitativo, a partir de una entrevista semiestructurada realizada a enfermeras de la unidad de clasificación de riesgo de un Hospital Municipal del Sistema Único de Salud, siendo referencia como la mayor en atención de urgencias y emergencias en América Latina, ubicada en Río de Janeiro. De los 16 encuestados, hubo predominio de mujeres con 10, entre los 14 años tenían entre 30 y 47 años, entre el estado civil, 7 estaban casados, entre el momento de la actuación, 9 participantes tenían de 8 meses a 9 años, y 7 de 11 a 28 años en la profesión. Se eligieron tres categorías, a las que denominaron: comprensión de la humanización por parte del profesional; La percepción del profesional sobre la Política Nacional de Humanización y su principal objetivo, y las estrategias utilizadas para la calidad de la atención humanizada. Los enfermeros entienden sobre la humanización y el propósito de la Política Nacional de Humanización, así como también crean estrategias desde la acogida hasta el trabajo en equipo para asegurar la calidad de la atención humanizada.

Descriptores: Humanización de la Atención; Enfermería de Urgencia; Gestión de la Calidad; Servicios de Salud.**Resumo**

Objetivou-se analisar as estratégias utilizadas pelo enfermeiro na qualidade de assistência humanizada direcionada ao paciente no setor de urgência e emergência. Trata-se de estudo descritivo e exploratório de abordagem qualitativa, a partir de entrevista semiestructurada realizado com Enfermeiros da unidade de classificação de risco de um Hospital Municipal do Sistema Único de Saúde, sendo referência como o maior em atendimento de urgência e emergência da América Latina, situado no Rio de Janeiro. Dos 16 entrevistados predominou o sexo feminino com 10, entre a idade 14 tinham entre 30 e 47 anos, entre o estado marital, 7 eram casados, entre o tempo de atuação 9 participantes tinham de 8 meses a 9 anos, e 7 de 11 a 28 anos de profissão. Elegeram-se três categorias as quais denominaram: O entendimento do profissional sobre humanização; A percepção do profissional sobre a Política Nacional de Humanização e seu objetivo principal, e as estratégias utilizadas para a qualidade da assistência Humanizada. Os enfermeiros compreendem sobre humanização e a finalidade da Política Nacional de humanização, assim como criam estratégias desde o acolhimento ao trabalho em equipe para garantir a qualidade de uma assistência humanizada.

Descritores: Humanização da assistência; Enfermagem em Emergência; Gestão da Qualidade; Serviços de Saúde.

Introduction

This study started from the principle of analyzing which strategies are used by nurses in the quality of humanized care directed to patients in the urgency and emergency sector of a Municipal Hospital of the Unified Health System, a reference as the largest urgent and emergency care service in America Latin.

The National Humanization Policy (PNH) implemented by the Ministry of Health is proposed as a collective construction that aims to transform, with the different subjects that make up the health system - managers, users, and workers - the relationships and ways of acting and produce health in the SUS¹.

Humanization must take place in and from practices, that is, dealing, daily, with the relationships we establish and their effects on our daily life. The PNH is the collective of ordinary men and women who make up the SUS in their concrete experiences, they are the workers and users who inhabit the daily lives of health services. Only in the encounter between these concrete subjects that practices that we call "humanizing" can happen¹.

A humanizing practice takes place through understanding and openness to the other, as legitimate in the relationship that is produced, when we consider their characteristics, their different ways of being, their knowledge, their desires, and their needs in our actions. Thus, the PNH affirms all SUS subjects as protagonists and co-responsible to produce health and combating any relationship of guardianship, disrespect, or disqualification of the other¹.

It is noteworthy that the PNH is a cross-cutting public policy that deals with the health work process, encompassing care and management, ensuring the protagonism of subjects and collectives, through the provision of services, care technologies and construction of safe environments, harmonious and offering comfort and well-being to users².

In this context, the urgency and emergency units reveal specific knowledge, skills, and attitudes to provide individualized, dignified, and humanized care to those seeking this type of care, which in the case of humanization, includes welcoming, communication, dialogue, resoluteness, respect and knowing how to listen³.

Urgent and emergency services are essential in health care and considered open services in the Unified Health System, however, there is an overload of services, due to numerous factors, including excessive demand, problems with the structuring of health care networks, health, scarcity, and mismatches in the dimensioning of human resources, scarcity of material resources, violence and traffic accidents that compromise the quality of care⁴.

These units are designed to care for patients with acute and highly severe problems, with a guarantee of quick and immediate assistance when the risk of death is imminent, requiring prepared teams⁵.

In this scenario, there is the nurse who works directly in customer service in need of emergency care. Thus, in the field of urgency and emergency, the nurse can take the lead in the realization of humanized care, through case

Considering the relevance of this study, it was necessary to analyze the strategies that are performed by nurses in urgency and emergency care in terms of humanized customer care in this sector. So, the following question was guided: What strategies are used by nurses in the quality of humanized care directed to patients in the urgency and emergency sector?

The purpose of this investigation was to obtain subsidies that allow reflection on the nursing care that is being offered in urgency and emergency units, and thus promote the adoption of strategies for the creation of a humanized environment.

The study aimed to analyze the strategies used by nurses in the quality of humanized care directed to patients in the urgency and emergency sector of a municipal hospital in Rio de Janeiro, to describe the strategies used by nurses in humanized care.

This study is justified by the great importance and emphasis on humanized care directed to urgent and emergency patients, since there are still few studies reporting on humanized care directed to the patient in these scenarios. As a contribution, the aim was to ensure technical scientific knowledge of humanization in the urgency and emergency sector, carried out by nurses, also as a reference for further research and updating of nursing professionals working in these units to have an effective understanding of the humanized care and the guarantee of quality humanized nursing care.

Methodology

It started from a descriptive and exploratory study, with a qualitative approach⁷, 19 Nurses from the urgency and emergency sectors of the largest Municipal Emergency Hospital in Latin America, located in the city of Rio de Janeiro, participated. The study took place from June to November 2019, following the inclusion criteria, the interview with nurses who worked in the care directed to hospitalized patients with acute problems, and with high severity in the emergency unit during daytime and nighttime. The research excluded professionals who did not have routine experience in emergency, and those who were relocated in the sector on the day of the interview.

The semi-structured interview⁸ was used as a tool for data collection, using a digital recorder, based on basic questions related to nurses' understanding of Humanization, the National Humanization Program and its main objective, and what strategies these professionals use to ensure the quality of humanized care. This study was approved by the Research Ethics Committee of the Veiga de Almeida University by CAAE: 14531019.9.0000.5291, and approved opinion number: 3,387,943.

Each respondent was approached in the hospital's urgency and emergency sector, in their respective shifts, where the study objectives were explained, and the invitation to participate in the interview was explained. After



acceptance, each subject received the Informed Consent Form, respecting all the Ethical and Legal aspects of the research, according to Resolution No. 466/12 of the National Health Council/MS⁹, and then began the interviews.

After the production of the audios, the data were transcribed and interpreted through content analysis¹⁰, where the intention was to transcribe the significant contents of the participants' writings, and thus, meet the proposed research objectives and thus define the study categories. To ensure the anonymity of the participants, he used encodings represented by alphanumeric sequences, which he called interviewee (N) and the numbering according to the interviews. E.g.: [N1; N2; N3...].

Results

Sixteen professionals were interviewed in the traumatology units, among those surveyed, ten were female, 14 were aged between 30 and 47 years old, and seven were married, between the time of work, nine were from 8 months to 9 years, followed by seven with 11 to 28 years in the profession. After analyzing the interviews, they were divided into three categories which portray: The professional's understanding of humanization; The perception of the National Humanization Policy and its main objective and Strategies used for the quality of humanized care.

Nurses' perception of the humanization theme

Regarding the interviewees' understanding of the humanization theme, the nurses highlighted the importance of respectful care and the appropriate environment, knowing how to listen, ethical issues and quality nursing care aimed at the client and the family. However, it was observed that the subjects understand about the humanization theme, and these statements are exposed in the following statements:

"[...] humanization is to promote respectful care, in an appropriate environment, considering that the client is already emotionally fragile due to hospitalization or the type of injury [...]" N1.

" Humanization is listening, understanding, advising and respecting customers' opinions. It is the union between ethical behavior and technical knowledge to offer decent care, and it goes beyond care practices [...]" N2.

"[...] the act of making a process that is performed daily more human, benevolent and affable, such as: in nursing care, seeking ethical behavior and technical knowledge [...]" N3.

"[...] becomes a criterion that aims to care for patients, welcoming the family and supporting hospitalization. Also aiming at the professional's well-being for quality care [...]" N4.

"[...] action to make the care humane, welcoming, comfortable to improve care [...]" N6.

"[...] ability to welcome clients and family members, trying to minimize their needs as much as possible [...]" N8.

Nurses' perception of the National Humanization Policy and its main objective

According to the study participants, knowledge about the National Humanization Policy was predominant, as their answers were based on the content contained in the policy. However, despite the knowledge about the existing content, and the main objective, they report that in practice, the policy implementation is sometimes not carried out, these results are highlighted in the following answers:

"[...] the PNH is the expanded concept of health, and presents its promotion with a set of strategies and ways to produce health in the individual and collective scope, with responsibility. And it aims to promote equity and improve conditions, expanding health and reducing risk vulnerability, but this practice is sometimes flawed [...]" N2.

"[...] the National Humanization Policy was created so that the principles of the SUS were included in health care practices, with the main objective of ensuring universal access, comprehensive care, which is often not implemented [...]" N3.

"[...] this Policy aims to put into practice the principles of the SUS, improving the ways of managing and caring, through improved communication between managers, health workers and users. With this, new collective processes of care and confrontation of power relations can be built [...]" N5.

"[...] it is a public policy of the SUS with the principles and guidelines of humanization, with the purpose of expanding and prioritizing primary care, with transversality and equality. It is a beautiful program, but there is still a lot of insufficiency [...]" N6.

"[...] reorganize the health service, welcoming users, providing guidance and redirection [...]" N9.

"[...] strengthen humanization initiatives, increase, offer and disseminate support strategies. Develop technologies to support changes in care models [...]" N10.

Strategies used by professionals for the quality of humanized care

According to the nurses interviewed, it is extremely important to care for the patient in a holistic way for a humanized quality of care, carrying out an active listening, clarifying all the client's doubts in a clear and simple way, dignified and welcoming care, always positioning themselves as a possible recipient of information and care, also prioritizing care giving all possible guidance, regardless of the level of care, and knowledge of sectorial protocols to better meet demand, as well as teamwork are key parts in this process, these strategies are observed in the following reports:

"[...] I use the guidelines, priorities in care, quality of care, humanization at all levels of care [...]" N2.

"[...] the quality of humanized care is applied by me in welcoming the arrival, including active listening, seeking to understand the resistance and doubts of patients. Knowing the sector's protocol, so that care is carried out effectively, thus helping to resolve the patient's main complaint [...]" N3.

"[...] I make my service welcoming, transmitting affection, respect and clarifying all possible doubt. [...]" N6.

"[...] increase the number of human resources to better meet the huge demand. Provide the necessary resources in the units, equipment and supplies [...]" N7.



"[...] my strategy is collective and more welcoming work, aimed at improving working conditions and valuing workers [...]" N10.

"[...] I always provide a decent service, in the same way that I would like to be served if I were on the other side [...]" N11.

Discussion

Based on the nurses' interviews on the humanization issue, they coincide with the Ministry of Health, which states that humanization must occur in and from practices, that is, dealing daily with the relationships we establish and their effects on life everyday¹⁰.

Accordingly, the same reports can be evidenced in the study carried out in June 2014 in the state of Rio Grande do Norte, where it says that humanizing becomes for professionals a complex process, as there is a need for individual understanding, based on in the socio-psychosocial knowledge of the clients, allowing to understand the objective and subjective conditions. Such conditions require an attitude of inclusion of the professional, such as listening, understanding, accepting, giving credit to receiving, attending and admitting¹¹.

In this context, the SUS informs that barriers have been encountered in urgent and emergency services, where the reception model is not carried out effectively for users and workers, needing to improve the system in its guidelines in the units, to establish the general principles of humanization¹¹.

It is essential to determine good practices in urgency and emergency units, ensuring that there is an efficient organization and functioning of the service, preserving the identity, privacy, respect, and dignity of the client and professional. In this sense, the nursing team faces difficulties in the urgent and emergency service, such as the management of overcrowding in this unit, consequently providing a poor quality of care, and an overload of work for professionals, which implies humanized care¹².

It is evident that nurses have a perception of what the PNH is. The answers corroborate the Ministry of Health (MS), which informs that the PNH was created in 2003, to emphasize the principles of the Unified Health System such as transversality, inseparability between care and management, protagonism, co-responsibility and autonomy of the subjects and collectives. However, it is essential that the PNH is included in all SUS policies and programs, such as in Primary Care, Child and Adolescent Policy, National Policy for the Elderly, Specialized and Hospital Care¹³.

Still on the objectives of the PNH, the subjects' reports identify with the Ministry of Health, which informs that the objectives of the PNH are to increase the offers of the National Humanization Policy to managers and health councils, choosing primary and hospital care, with emphasis on emergency hospitals and universities, encourage the introduction of the valuation of SUS workers on the agenda of managers, health councils and civil society organizations, as well as disseminate the NHP, and amplify training and construction methods knowledge in conjunction with social movements and institutions¹³.

And, according to the strategies used for the quality

of humanized care, the findings reflect the study of other authors, where they report that it is essential to develop proposals to minimize sequelae in emergency units, such as qualifying professionals in this sector to offer a service humanized to these victims, in addition to human and material resources, and a team work together. They also emphasize that the guidelines and priorities in care, as well as active listening to understand the client, and prioritize care where affection and respect are inserted, are strategies that go together for humanized care¹⁴.

It is noteworthy that the nurse, along with his team, has the qualifications and skills to offer humanized care to patients who are admitted to emergency units, in addition to being largely responsible for defining tasks and creating innovative measures, being able to provide such care¹⁴.

Nurses' knowledge and skills are given since graduation, being a transformative process capable of changing the day-to-day life of emergency services. In this scenario, the new professional starts to take the lead in changes, being someone who not only performs, but also evaluates, manages, and cares, aiming to achieve new forms of care, and always resinifying the concept of humanization¹⁵.

Knowing, analyzing, and indicating modes of communication to the families of victims in emergency is also necessary as humanized care, being a facilitating conduct in the evidence of the need to organize flows and emergency care protocols regarding communication, an important care relationship extended to the family. It is also worth mentioning that the family is the continuity of the person affected in an emergency and needs to be informed, communicated and for that, the management of emergency services needs to establish communication flows and access to the victims' families. An important strategy to support health care provided in emergency spaces and to legitimize comprehensiveness and accessibility to health. So, the need for a specialized service for emergency communication for families and patients, allows for more efficient and humanized health action¹⁶.

Conclusion

It was concluded that nurses working in emergencies understand about humanization and highlighted important points such as knowing how to listen, welcoming and mutual respect between the client and the family. About the National Humanization Policy and its main objective, they portrayed the set of strategies and ways to produce health in the individual and collective scope, formalizing the principles of the SUS. Among the strategies used for the quality of humanized care, they use practices that involve reception, decent care, human resources and putting themselves in the other's shoes. So, it is seen that the nurse has great concern and understanding regarding humanization in the emergency, thus, it is noteworthy that he is the professional who works directly with the client and his team and is a key player in the construction and maintenance of a humanized environment.



References

1. Ministério da saúde (BR). Secretaria de atenção à saúde. Política Nacional de Humanização Brasília (DF): MS; 2011
2. Michelan VCA, Spiri WC. Percepção da Humanização dos Trabalhadores de Enfermagem em Terapia Intensiva. *Rev Brasileira de Enfermagem* [Internet]. 2018 [acesso em 23 ago 2019];71(2): 372-378. Disponível em: http://www.scielo.br/pdf/reben/v71n2/pt_0034-7167-reben-71-02-0372.pdf
3. Holanda FL, Marra MC, Cunha ICKO. Construção da Matriz de Competência Profissional do enfermeiro em emergências. *Rev Acta Paulista de Enfermagem* [Internet]. 2014 [acesso em 23 ago 2019];27(4): 373-379. Disponível em: <http://www.scielo.br/pdf/ape/v27n4/1982-0194-ape-027-004-0373.pdf>
4. Paixão TCR, Campanharo CRV, Lopes MCBT, Okuno MFP, Batista REA. Dimensionamento de enfermagem em sala de emergência de um hospital- escola. *Rev Escola de Enfermagem da USP*. [Internet]. 2015 [acesso em 23 ago 2019];49(3): 481-487. Disponível em: http://www.scielo.br/pdf/reeusp/v49n3/pt_0080-6234-reeusp-49-03-0486.pdf
5. Mendes TJM, Silveira LM, Silva LP, Stabile AM. Associação entre o Acolhimento Com Classificação De Risco, Desfecho Clínico e o Escore Mews. *Rev Mineira de Enfermagem*. [Internet]. 2018 [acesso em 05 set 2019];22(Esp.1077): 1-6. Disponível em: <http://www.reme.org.br/artigo/detalhes/1215>
6. Sousa KHJF, Damasceno CKCS, Almeida CAPL, Magalhães JM, Ferreira MA. Humanização nos serviços de urgência e emergência: contribuições para o cuidado de enfermagem. *Revista Gaúcha de Enfermagem*. [Internet]. 2019 [acesso em 05 set 2019];40(Esp.0263): 1-19. Disponível em: <https://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/viewFile/89932/51874>
7. Trivinos ANS. Introdução à pesquisa em ciências sociais: A pesquisa qualitativa em educação. São Paulo: Atlas; 1987.
8. Conselho Nacional De Saúde (BR). Pesquisa Envolvendo Seres Humanos. Resolução nº 466, de 12 de dezembro de 2012.
9. Bardin L. Análise de Conteúdo. São Paulo: Edição 70ª; 1977.
10. Bardin L. Análise de Conteúdo: A Proposta de Laurence Bardin. São Paulo: 2015.
11. Lima KYN, Monteiro AI, Santos ADB, Gurgel KFG. Humanização e acolhimento na concepção e prática dos alunos de enfermagem. *Rev Cuidado é Fundamental*. [Internet].2019 [acesso em 15 out 2019]; Disponível em: https://docs.google.com/viewerng/viewer?url=http://www.seer.unirio.br/index.php/cuidadofundamental/article/viewFile/3152/pdf_124
12. Perboni JS, Silva RC, Oliveira SG. A humanização do cuidado na emergência na perspectiva de enfermeiros: enfoque no paciente politraumatizado. *Rev Internacional de Desenvolvimento Local* [Internet].2019 [acesso em 2019 Out 15]. Disponível em: <http://www.interacoes.ucdb.br/article/view/1949/pdf>
13. Ministério da Saúde (BR). Política Nacional de Humanização –HumanizaSUS. [Internet]. 2015 Brasília (DF) [acesso em 15 out 2019]. Disponível em: <http://www.saude.gov.br/saude-de-a-z/projeto-lean-nas-emergencias/693-acoes-e-programas/40038-humanizasus>
14. Rosa EF, Silva SA, Souza DG. Assistência de enfermagem humanizada em emergências traumáticas: uma revisão bibliográfica. *Recien* [Internet]. 2018 [acesso em 15 out 2019]. Disponível em: <https://recien.com.br/index.php/Recien/article/view/276/pdf>
15. Freitas FDS, Ferreira MA. Saberes de estudantes de enfermagem sobre a humanização. *Revista Brasileira de Enfermagem*. [Internet].2016 [acesso em 15 out 2019]; Disponível em: http://www.scielo.br/scielo.php?pid=S0034-71672016000200282&script=sci_arttext
16. Bellaguarda MLR, Moraes CLK, Canever BP, Silva AO, Broering JV, Martendal T. Comunicação em emergência ao familiar da vítima de ocorrência de trânsito. *Glob Acad Nurs*. 2021;2(1):e65. DOI: 10.5935/2675-5602.20200065

