

## ASSISTANCE HUMANIZATION IN PEDIATRIC INTENSIVE CARE UNIT: PERSPECTIVE OF NURSING STAFF

HUMANIZAÇÃO DA ASSISTÊNCIA NA UNIDADE DE TERAPIA INTENSIVA PEDIÁTRICA: PERSPECTIVA DA EQUIPE DE ENFERMAGEM

HUMANIZACION DE LA ATENCIÓN EN LA UNIDAD DE CUIDADOS INTENSIVOS PEDIÁTRICOS: PERSPECTIVA DEL EQUIPO DE ENFERMERÍA

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### ABSTRACT

The National Humanization Policy (NHP) proposes changes in management and health practice, with humanization strategies directed to dignified care. It produces new ways to perform care, which reflects the positive relationship between patient and professional, providing health promotion. The aim of this research was to analyze the point of view of the nursing staff about the humanization of assistance to children and families in a Pediatric Intensive Care Unit (PICU). From October to November 2013, a cross-sectional survey was conducted in the PICU of a university hospital. A structured questionnaire was applied to nursing staff members containing objective questions of demographic and professional characteristics, of knowledge on the subject, facilitators, and aspects that hinder the realization of humanized practices. The nursing professionals perform humanized actions even with partial knowledge of the subject, highlighting the factors respect, comfort, listening and presence of the family. The main difficulties identified to carry out humanized actions were the reduction in staff, high demand of patients and time. Conditions that favor the humanized care in the sector are the good relationship with the whole team, the well-being of professionals, the recognized and valued work, the education and professional training. It is concluded that despite partial theoretical knowledge of humanization and the lack of update through scientific reading, the humanization in the view of nursing staff is important and its healthcare practice in the PICU is permeated by consonant actions with the NHP guidelines of the host, ambiance and defending the rights of patients.

**Keywords:** Humanization of Assistance; Intensive Care Units, Pediatric; Nursing Care; Professional-Patient Relations.

### RESUMO

A Política Nacional de Humanização (PNH) propõe mudanças na gestão e prática de saúde, com estratégias de humanização direcionadas para o atendimento digno. Produz novas maneiras de executar o cuidado, o que reflete na relação positiva entre usuário e profissional, possibilitando a promoção da saúde. O objetivo deste estudo foi analisar a visão da equipe de enfermagem sobre a humanização da assistência às crianças e famílias na Unidade de Terapia Intensiva Pediátrica (UTIP). Constituiu-se em uma pesquisa transversal realizada na UTIP de um hospital universitário, de outubro a novembro de 2013. Foi aplicado questionário estruturado às participantes, contendo questões objetivas de caracterização demográfica e laboral, do conhecimento sobre o tema, de aspectos facilitadores e que dificultam a realização de práticas humanizadas. As profissionais de enfermagem afirmam executar ações humanizadas mesmo com conhecimento parcial sobre a temática, destacando os fatores respeito, conforto, escuta e presença da família. As principais dificuldades identificadas para a realização de ações humanizadas foram a redução no quadro de funcionários, alta demanda de pacientes e o tempo. Condições que favorecem o atendimento humanizado no setor são o bom relacionamento com toda a equipe, o bem-estar do profissional, o trabalho reconhecido e valorizado, a formação e capacitação profissional. Concluiu-se que, a despeito do conhecimento teórico parcial e ausência de atualização por leitura científica, na visão das profissionais de enfermagem a humanização é importante e sua prática assistencial está permeada por ações consoantes com as diretrizes da PNH de acolhimento, ambiência e defesa dos direitos dos usuários.

**Palavras-chave:** Humanização da Assistência; Unidades de Terapia Intensiva Pediátrica; Cuidados de Enfermagem; Relações Profissional-Paciente.

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## RESUMEN

La Política Nacional de Humanización (PNH) sugiere cambios en la gestión y en la práctica de la salud, usando estrategias de humanización con miras a la atención digna. Produce nuevas maneras de realizar los cuidados, mejora la relación entre el usuario y el profesional y permite la promoción de la salud. El objetivo de este estudio fue analizar la visión del equipo de enfermería que trabaja en la Unidad de Cuidados Intensivos Pediátricos (UCIP) sobre la humanización de la atención de los niños y familias en la Unidad de Cuidados Intensivos Pediátricos (UTIP). Se trata de un estudio transversal realizado en la UCIP de un hospital universitario de octubre a noviembre de 2013. Las participantes respondieron un cuestionario estructurado compuesto de preguntas objetivas sobre asuntos demográficos y laborales, conocimiento sobre el tema y sobre aspectos que facilitan y dificultan la práctica de la atención humanizada. Las profesionales afirmaron ya realizar cuidados humanizados aún no conociendo a fondo el tema y realizaron factores como respeto, confort, saber escuchar y presencia de la familia. Como principales dificultades para la atención humanizada mencionaron la reducción del personal, la alta demanda de pacientes y el tiempo. Las condiciones que favorecen la atención humanizada en la UCIP son la buena relación entre el equipo de salud, el bienestar del profesional, el reconocimiento y valorización de su trabajo y la formación y capacitación profesional. Se llega a la conclusión que, a pesar del conocimiento teórico parcial y la poca actualización por falta de lectura científica, en la visión de los profesionales de enfermería la práctica de la atención humanizada debe respetar las directrices de la PNH, de acogida, el ambiente adecuado y defender los derechos de los usuarios.

**Palabras clave:** Humanización de la Atención; Unidades de Cuidado Intensivo Pediátrico; Atención de Enfermería; Relaciones Profesional-Paciente.

## INTRODUCTION

Humanizing means to go from technical-scientific care to the hosting, transforming health practice in the most beautiful, aiming at quality care linked to technological advances.<sup>1,2</sup>

The debate and introduction of humanization strategies in healthcare were initially intended to change the hospital environment, but they did not change the management and organization of services, and there was the addition of improvements for professionals and patients.<sup>3</sup>

In 2000, the Ministry of Health (MOH) regulated the National Humanization of Hospital Care Program, with the proposal of a new form of service. In 2003, aiming to cover all health care levels, the MOH considered humanization not only as a program but titled it as the National Humanization Policy (NHP), governed by the principles of the Unified Health System (SUS).<sup>4,5</sup>

Humanization became an expanded discussion topic from the creation of the NHP, proposed as a cross-sectional policy aiming at, provide actions that would enable the approach of health professionals in the community, among other objectives, reflecting the participatory management or co-management.<sup>3</sup>

The actions sought to enforce the principles of SUS in the daily care practices, producing new ways to perform, manage and care of them with consequent quality care and health promotion. The NHP encourages communication among managers and professionals with patients because of that kind of relationship; it is possible to build new collective processes shared by the different point of view of those who use health resources. The focus is to minimize actions and dehumanized attitudes that reduce the accountability and efficiency of workers in carrying out their tasks and patients to themselves.<sup>6</sup>

In the context of humanized care, the advance of technology and science is an aspect hindering the human relationships, little personal and individualistic, which influence professions and practices in health care with great impact. The implementation of this progress in the professional health reality

requires preparation and mastery by those using it. Thus, the technique is safe and effective, making the humanistic values on technicist practices.<sup>7</sup>

The impact of technology in health care is observed in units providing care to critically ill patients. The pediatric intensive care unit (PICU) assists children from 28 days to 14 or 18 years old (according to the standard of each institution), serious or potentially serious patients that need uninterrupted treatment, medical care, and continuous nursing and also peculiar equipment.<sup>2,8</sup>

In these critical environments with mechanized and specialized practice, it is necessary to reflect on the real meaning of care as a form of care that should be exercised correlated with humanization, assuming that the patient has the right to satisfaction with the service through quality care.<sup>5</sup> Health professionals need to strengthen contact, communication, relationship and value the patients to achieve the success of this relationship because the dialogue and listen to their demands enable the solvability and comprehensive care.<sup>4</sup>

The nurse has essential actions as cooperate in the training of nursing professionals, showing the advantages of performing humanized actions, providing subsidies so that they can understand, recognize and appreciate the humanization in their care practice. This study aims to analyze the point of view of the nursing staff about the humanization of care in the PICU for children and families.

## METHODOLOGY

This is a descriptive, cross-sectional study with a quantitative approach, performed in the PICU of a university hospital in the interior of Minas Gerais, belonging to SUS and reference hospital to medium and high complexity institutions.

Participants were professionals of the nursing team that met the inclusion criteria of "having fixed working schedule in

the PICU," being excluded if they were on leave or vacation during the period of data collection, trainees and eventual people on duty without a schedule in the area.

The sample size calculation based on the estimation of finite population proportion of the nursing staff of PICU was carried out, corresponding to 30 professionals. The estimated number of 28 participants for the research was reached.

Data were collected in October and November 2013, using a structured questionnaire as a research tool prepared by the researchers, based on scientific literature.<sup>2,4,5,9-16</sup> This research was not submitted to validation in the field, by addressing a population of a limited number of peculiar hospital sector, with no other unit in the same service with patient characteristics and similar professionals to target sample for application pretest.

The objective questions of the questionnaire had the labor characterization of professionals (professional category, work shift, time of performance in the sector, training time), age, knowledge about humanization (scientific knowledge, importance of the theme, approach theme during training, reading on the subject), if they held humanization activities in the sector and what important items for these actions and aspects that hinder and facilitate the humanized practices in the PICU.

After the invitation and explanation of the research objectives, the professionals who agreed to participate signed the consent form spontaneously answering the questionnaire and placing in identified folder in the office of the unit. The researchers collected questionnaires at the end of each work shift.

Data were entered into Microsoft Office Excel® spreadsheet program 2010. For the analysis of the variables, the descriptive statistics were used, calculating the absolute (N) and relative (%) frequency.

The research project was approved by the Ethics Committee on Human Research of the Federal University of Uberlândia (Opinion Embodied 412466), respecting the ethical principles as the Resolution 466/2012 of the National Health Council.

## RESULTS AND DISCUSSION

The questionnaire was answered by 28 professionals of the nursing team PICU, all being female. The care in health related to women's practice is a characteristic observed since the Middle Ages, especially the religious and consecrated women aspects who took care of the sick person. However, still today, the care is predominantly carried out by women, although not exclusive of this group.<sup>3,5</sup>

Categorizing the nursing staff, 21.4% were nurses, 53.6% were nursing technicians and 25.0% were nursing assistants. Regarding the proportion of nurses for intensive care unit (ICU), the National Health Surveillance Agency (ANVISA) recommended in May 2011 at least one nurse for every 10 beds or fraction

in each work shift and a nursing technician for every two beds.<sup>17</sup> Nursing assistant is no longer allowed in ICU since 2010, according to the Collegiate Board Resolution (RDC) 07 of ANVISA.<sup>18</sup>

For the medium level in nursing, it is plausible the argument that even with the expansion of courses for the training of technicians, labor market does not offer the corresponding occupation to cover all the graduates, with the possibility of hiring a technical professional as the nursing assistants, devaluing their training.<sup>19</sup>

In this group of individuals, the age was 53.6% between 29 and 39 years old, featuring the team regarding age mostly as young adults, and in a technological environment as the ICU, the factors of age and time working in the sector are evidence of professional experience.<sup>20</sup>

As for the operating time in the PICU, the team is experienced, as 85.7% work for above three years. Study states that beginners are characterized as up to two years of professional experience in high-tech sectors while veterans called those who work for more than two years in the same ICU environment.<sup>20,21</sup>

As for the training time, 50.0% of nurses had between seven and 10 years formed and 60.0% of nursing technicians and 85.7% of nursing assistants had more than 10 years. It was observed that for medium-level category predominant formation time coincides with the activation time in the sector. It can be inferred that they have started working in PICU with no prior experience, but currently, they are an experienced team.<sup>21</sup> The socio-demographic data of the team are presented in Table 1.

Questions on the humanization topic were raised and, unanimously, that topic was considered important for the different categories.

Scientific knowledge about the Humanization can be seen in Table 2 according to each professional category and most of them (67.8%) considered it as a part. It is possible to question whether during training in the school and higher education nursing has been taught the content of humanization or how their discussion is.

Humanization as a subject of study in undergraduate courses is little detached and still constitutes a challenge in teaching practices, which impacts on failures in training and there is adequate investment in the field of nursing research on this topic in the teaching process learning.<sup>3,9</sup>

As for the thematic approach during training, 15 (53.6%) professionals of the nursing staff denied having received this knowledge through lecture. Distributed in categories, there are 50.0% of nurses and 60.0% of nursing technicians who had a lecture on humanization while 85.7% of nursing assistants did not have this content formally in class.

The humanization of health as a resource for improving the care should be an applied investment in critical-reflexive education of students, with the proposal to develop behaviors,

humanistic attitudes and skills for differentiated performance of future professionals, which can achieve the principles of SUS to establish relationship and commitment to the patient, becoming the one who helps in the care process, resulting in humanized nursing care and problem-solving.<sup>3,9,22</sup>

Table 1 - Nursing team Characterization of the pediatric intensive care unit in a university hospital. Uberlândia, 2013

Variables	Nurse N	Nursing Technician N	Nursing assistants N	Total N (%)
<b>Aged group in years</b>				
18 to 28	1	2	-	3 (10.7%)
29 to 39	5	7	3	15 (53.6%)
40 to 50	-	5	4	9 (32.1%)
> 50	-	1	-	1 (3.6%)
<b>Operating time in the area in years</b>				
1 to 3	1	2	1	4 (14.3%)
4 to 6	1	2	-	3 (10.7%)
7 to 10	4	2	1	7 (25.0%)
> 10	-	9	5	14 (50.0%)
<b>Training time in years</b>				
1 to 3	1	2	1	4 (14.3%)
4 to 6	1	2	-	3 (10.7%)
7 to 10	3	2	-	5 (17.9%)
> 10	1	9	6	16 (57.1%)
<b>TOTAL</b>	<b>6 (21.4%)</b>	<b>15 (53.6%)</b>	<b>7 (25.0%)</b>	<b>28 (100.0%)</b>

Source: Rodrigues; Calegari, 2013.

Table 2 - Scientific knowledge of the nursing staff of the pediatric intensive care unit on the subject humanization. Uberlândia, 2013

Variables	Nurse N	Nursing Technician N	Nursing assistants N	Total N (%)
Enough	1	5	2	8 (28.6%)
Partial	5	9	5	19 (67.8%)
Not enough	-	1	-	1 (3.6%)
<b>TOTAL</b>	<b>6</b>	<b>15</b>	<b>7</b>	<b>28 (100.0%)</b>

Source: Rodrigues; Calegari, 2013.

Regarding the scientific reading on the topic, four (66.7%) nurses and eight (53.3%) nursing technicians have a reading time of one year or more. The event is never done reading about the humanization comes first in the category nursing assistant with two (28.6%) professionals, while the other four (57.1%) have recently read time of up to six months. The stimu-

lus for reading of this topic should proceed in the health service, which is instructed to apply the strategies of the NHP for the development and promotion of workers, ensuring their inclusion in the processes of discussion and management, and conducting continuing education on humanization.<sup>11,16</sup>

When asked the women if they perform humanized actions in the labor sector, there were no negative responses. The 16 (57.1%) professionals reported performing the listed, compared to 12 (42.9%) who perform partial actions and did not describe they.

Despite the prevailing partial knowledge, five nurses (83.3%) reported reception of parents, caregivers, and clients; cordiality with parents; when possible, allow children to use of personal clothing; provide recreational activities in bed; provide psychological support; organize meetings with parents to support and clarification; humanization with children and parents as humanized actions practices.

Nursing technicians, mostly perform partial actions regardless whether they have enough or partial knowledge and only five (33.3%) reported: welcoming to children and parents; answering questions from parents or guardians; reducing the maximum stress of children in hospitals with games, activities, conversations; necessary accompaniments, visits; good relationship with parents; support (including emotional) to parents, caregivers and hospitalized children; call the patient and the accompanying person by name; stimulating play; take the child to the area outside the ICU whenever possible; care and comfort to patients; adequate care to the patient; attention to the social situation of the patient.

Almost all the nursing assistants (85.7%) secured performing humanized actions and described them: dedication, interest, participation in humanized actions; volunteer program focused on the environment of policy, the corner of the parents and the waiting room; the affective touch of hands up in invasive procedure, also with parents and family.

For the performance of humanization in nursing practice, there should be a meeting between professional and patient, which is conditional on the provision of these subjects and also the help of everyone involved in the process, as managers, workers and the patient himself. The exercise of humanizing proves to be positive and quality when it has the intention of the person who did it, adding value and meaning.<sup>2,13</sup>

The reception, held by nurses and nursing technicians is an important guideline for the NHP, considered a light technology depending on the interaction of quality between professionals and patients, noting that to effect this relationship, workers must develop the link, open, qualified listening, permeate parameters of citizenship and solidarity to locate the patient as a full human being and the center of attention of health services.<sup>23</sup>

Facing with the question of the main difficulties and reasons for holding humanized actions (Table 3), the respondents were free to point out how many options they consider relevant, with the absolute number of variables corresponding to the number of citations for each professional category.

Table 3 - Main difficulties and reasons for performing humanized actions according to the nursing staff of the pediatric intensive care unit. Uberlândia, 2013

Variables	Nurse	Nursing Technician	Nursing Assistant
Reduction in the staff	5	12	4
Time	5	10	4
High demand of patients	5	7	1
Lack of theoretic-practice information	2	7	3
Environment	4	1	1
Limitation of the self-knowledge	1	3	2
Presence of accompanying	1	-	-
Disinterest	1	-	-

Source: Rodrigues; Calegari, 2013.

The main obstacles to the performance of humanized actions cited by the nursing staff are the “reduction in staff” and “time” highlighted by the three categories. Humanized care is present when the workplace has a sufficient quantity of people to do the tasks sector, avoiding the workload and ensuring quality of service.<sup>4</sup>

Manifested as a general complaint among the three categories, the lack of time confirms a further dehumanizing factor, which corroborates the findings in the survey with the extra-sized hospital nursing staff in São Paulo, where the dehumanizing factors include overload employment and labor, the socioeconomic influence and the lack of time.<sup>12</sup>

It is emphasized that the factors for the performance of humanized actions do not hinder (presence of companions and disinterest) and the most difficult factors (reduction in staff and time) coincide for technicians and nursing assistants, that although wages and different categories, they carry the same type of activity in the PICU and are exposed to the same facilities and difficulties in service.

The question of what factors considered important for the performance of humanized actions received several responses. Similar to the previous question, the professional signaled the options that best express their opinions and are presented in Table 4 with the absolute number of the quote in each variable by professional category.

Table 4 - Important factors for conducting humanized actions according to the nursing staff of the pediatric intensive care unit. Uberlândia, 2013

Variables	Nurse	Nursing Technician	Nursing Assistant
Respect	6	12	5
Confort	5	10	5
Observation	4	9	4
Empathy	5	8	3
Listening	3	8	6
Private	5	7	4
Presence of the family and/or companions	6	7	3
The institution infrastructure	5	6	2

Source: Rodrigues; Calegari, 2013.

The “respect” was mentioned for all as the main component to perform humanized actions. It aims to the uniqueness of the subject and sees it as an autonomous, with limits and with particular specificities in health acts.<sup>14</sup>

The “comfort” manifested in the comfortability (which includes elements such as sound, color, lighting and smell) has components to modify and improve the space where the SUS patient and the professional are providing cozy environments, which contribute to the promotion of health.<sup>24</sup>

The ambiance as the humanization feature implemented by hospitals in pediatric units was investigated and resulted in the commitment of service to the establishment of strategies that provide welfare to patients. Included ludic practices, music, toys, reading children’s stories, pain assessment, shared care with family, architectural changes providing privacy, obtaining the opinion of children on the topic and color of the unit. Nursing care grounded in human relationship quality is easier when the environment is harmonious and joyful, without stressful interfering.<sup>25</sup>

The “listening” more appropriate factor for nursing assistants and less quoted by the nurses is a key tool to express the humanization of care, because it includes in subsection empathy, which sets personal care and less technological values.<sup>5</sup> The “empathy” provides the professional to put in place the patient and link their assistance to the idea of humanization, as there is the junction of concepts and values of the subjects that elucidate the understanding and expectations of receiving care.<sup>3</sup>

The “presence of the family” was reported by nurses as an important factor for the practice of humanized actions and to be constantly present. It is possible the closer professional and family relationship considered beneficial during hospitalization, which contributes directly to the recovery of critically ill children.<sup>15</sup>

Regarding the conditions that favor the humanize care of the nursing staff of PICU (Table 5), the variables were also marked freely by professionals, as previously described.

Table 5 - Conditions are favoring humanized care of the nursing staff in the pediatric intensive care unit. Uberlândia, 2013

Variables	Nurse	Nursing Technician	Nursing Assistant
Professional welfare	6	13	7
Good relationship with the whole team	6	13	5
Education and professional training	5	12	5
Recognized and valued work	6	9	5
The institution infrastructure	2	3	5
Quality materials	1	5	4
Adequate remuneration	3	3	3

Source: Rodrigues; Calegari, 2013.

The “professional welfare” was nominated for all categories as appropriate condition for the implementation of humanized actions. The task fulfilled in the nursing work often focused on maintaining life is the factor that makes this personal well-being in the team, because it is related to quality of care, committed whenever there is dissatisfaction in the service.<sup>10</sup>

The “good relationship with the team” interferes positively in the provision of care related to job satisfaction and distance from stress, a factor which reduces the communication, cooperation, and group integration. The “recognized and valued work” was named by nurses as one of the premises that favor the humanized service, and its lack can be added to the dissatisfaction with the profession.

The discussion of humanization must transcend the focus on the patient and pay attention to the favorable working conditions and job satisfaction, which reflect the quality of care, but also to encourage the creation of meeting spaces that allow professional ideas sharing and effective feelings targeting humanized care strategies.<sup>3</sup>

This research presents limitations on the population studied because it is a team with a limited number of constituents and a specialized sector with few beds. However, for the time of collection data, the calculated sample size and the estimated minimum number of participants it was achieved.

## CONCLUSION

With the completion of this study, it was possible to know the point of view of the PICU nursing professionals about hu-

manization in care, which for all participants is important. Theoretical knowledge on the subject is in its part most related to non-theme approach lecture during the training and also to not upgrade from scientific reading.

From the perspective of the nursing team, some conditions favor humanizing attitudes, such as “professional well-being,” the “good relationship with the whole team,” the “education and professional training” as well as “recognized and valued work.” However, the factors that hinder the humanized care are the “reduction in staff”, “time”, “high demand of patients” and “lack of theoretical and practical information.”

The professionals practice a nursing care permeated by humanistic attitudes with respect, providing the patient-centered care and his family, seeking support, hosting, offering attention, listening and clarification to companions. The actions reported are performed accordance with the National Policy of Humanization in the guidelines host, environment and defending the rights of patients.

This study is relevant when proposing the nursing team reflection about his assistance, possible to rethink the professional attitude to the care practice, seeking to make it warm and humane. It indicates that health institutions should invest in theoretical and practical training on the subject to fill the gap of training centers and encourage reading during work activities, to discuss strategies for the excellence of humanized nursing care.

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