ISSN-e [2763-8847]

Global Clinical Research Journal

REVIEW ARTICLE

Humanization in nursing care in emergency rooms: a possible action?

Humanización en la atención de enfermería en servicios de urgencias: ¿una acción posible?

Humanização na assistência de enfermagem em sala de emergência de pronto atendimento: uma ação possível?

Gislaine Vieira de Camargo[1]
ORCID: 0009-0003-9590-7755
Samoel Mariano[1]
ORCID: 0000-0002-8395-2685
Anelvira de Oliveira Florentino[1*]
ORCID: 0000-0001-8628-0565
Marcelo Vicente de Castro[1]
ORCID: 0009-0003-1330-8565
Cristiano Rodrigues da Mota[1]
ORCID: 0000-0003-3154-7124
Kayo Augusto Salandin Pacher[1]
ORCID: 0000-0002-0623-6669
Adriana Furtado[1]
ORCID: 0000-0002-7301-2892
João Vitor de Almeida[1]
ORCID: 0000-0002-9308-2089
Jéssica Alessandra Pereira[1]
ORCID: 0000-0002-6307-0343
Ítalo Frizo[1]
ORCID: 0000-0002-9736-3785

[1]Faculdade de Ensino Superior Santa Bárbara. São Paulo, Brazil.
[*]**Corresponding author**: E-mail: anelviraflorentino@yahoo.com.br

Abstract

The aim was to identify the role of nurses in providing humanized care and the challenges they face in delivering it. Qualitative bibliographical research was used, involving the basic activities of identification, compilation, filing, analysis, and interpretation. Articles indexed in the following databases were searched: SciELO, BDENF, LILACS, and Google Scholar. Among the selected articles, the central axis based on Continuing Education and Humanization leads the quantitative study (eight articles), followed by the theme Hospital Humanization and Humanization of Care (six articles each theme), Reception with risk classification (five articles), and Humanization Policy (two articles). The word humanization, although beautiful and full of meaning, is absent today. It is necessary to develop reflections for better organizational performance and care practices to experience humanization in its breadth and recover the pleasure of caring. In addition to preparing professionals to deal with humanization and care, it is also necessary to reorganize the care itself. It can be concluded that the topic of humanization in emergency rooms is a vague subject, but one that lacks studies and discussions, given its importance in the practice of nursing care.

Descriptors: Humanization in Assistance; Humanization in Urgency and Emergency Care; Nursing Care; Continuing Education in Nursing; Reception with Risk Classification.

How to cite this article:
Camargo GV, Mariano S, Florentino AO, Castro MV, Mota CR, Pacher KAS, Furtado A, Almeida JV, Pereira JA, Frizo I. Humanization in nursing care in emergency rooms: a possible action? Glob Clin Res. 2024;4(2):e76. https://doi.org/10.5935/2763-8847.20210076

Submission: 03-19-2024
Approval: 05-05-2024

Resumén

El objetivo fue identificar el rol de las enfermeras en la prestación de cuidados humanizados y los desafíos que enfrentan para brindarlos. Se utilizó una investigación bibliográfica cualitativa, involucrando las actividades básicas de identificación, compilación, archivo, análisis e interpretación. Se buscaron artículos indexados en las siguientes bases de datos: SciELO, BDENF, LILACS y Google Scholar. Entre los artículos seleccionados, el eje central basado en Educación Continua y Humanización lidera el estudio cuantitativo (ocho artículos), seguido por el tema Humanización Hospitalaria y Humanización del Cuidado (seis artículos cada tema), Recepción con clasificación de riesgo (cinco artículos) y Política de Humanización (dos artículos). La palabra humanización, aunque hermosa y llena de significados, está ausente hoy en día. Es necesario desarrollar reflexiones para un mejor desempeño organizacional y prácticas de cuidado para experimentar la humanización en su amplitud y recuperar el placer de cuidar. Además de preparar a los profesionales para lidiar con la humanización y el cuidado, también es necesario reorganizar el cuidado en sí. Se puede concluir que el tema de la humanización en las salas de emergencia es un tema vago, pero que carece de estudios y discusiones, dada su importancia en la práctica del cuidado de enfermería.

Descriptores: Humanización de la Asistencia; Humanización en Urgencia y Emergencia; Atención de Enfermería; Educación Continua en Enfermería; Acogida con Clasificación de Riesgo.

Resumo

Objetivou-se identificar a atribuição dos enfermeiros frente ao atendimento humanizado e os desafios que enfrentam na execução. Utilizou-se a pesquisa bibliográfica a partir de uma abordagem qualitativa, envolvendo as atividades básicas de identificação, compilação, fichamento, análise e interpretação. Pesquisou-se artigos indexados nas bases de dados: SciELO, BDENF, LILACS e Google Acadêmico. Dentre os artigos selecionados, o eixo central baseado na Educação Continuada e a Humanização lidera o quantitativo de estudo (oito artigos), seguido da temática Humanização Hospitalar e Humanização do cuidado (seis artigos cada tema), Acolhimento com classificação de risco (cinco artigos) e Política de Humanização (dois artigos). A palavra humanização, embora bonita e cheia de significados, se faz ausente nos dias de hoje, é preciso desenvolver reflexões para um melhor desempenho organizacional e práticas de atendimentos para experimentar a humanização em sua amplitude e recuperar o prazer pelo cuidar. Além do preparo do profissional para lidar com a humanização e com atendimento, é necessário também a reorganização do atendimento em si, pode-se concluir que o tema humanização em sala de emergência de pronto atendimento é um assunto vago, mas que carece de estudos e discussões, visto sua importância na prática do cuidado de enfermagem.

Descritores: Humanização na Assistência; Humanização na Urgência e Emergência; Assistência de Enfermagem; Educação Continuada em Enfermagem; Acolhimento com Classificação de Risco.

Introduction

Humanizing health services is a concept widely publicized today and proposed to ensure the principles of the Unified Health System (SUS). As technology advances and becomes increasingly required in healthcare services, humanization poses a challenge for healthcare professionals. Nurses, as an integral part of health professionals and whose role is to provide direct care to patients, need to constantly reevaluate their practices to make them increasingly humanized[1-3].

One of the places where nurses and other health professionals perform actions that require specific knowledge and technical skills, in addition to the need for quick decisions due to the severity of the patients' conditions, is the emergency room. The nurse in the emergency room performs multiple functions, as this professional is responsible for everything from evaluating and planning the care provided to providing direct care to patients. Thus, humanization is increasingly required in this care[4,5].

Since the formulation of the National Emergency Care Policy (PNAU), there has been a responsibility to ensure that emergency care is increasingly effective, given its complexity. On the other hand, the National Humanization Policy (PNH) emerged in the context of public policies intending to cross the different actions and management bodies of the SUS, implying in translating the principles of the SUS into the operating methods of the different equipment and subjects of the health network, infecting the SUS network with humanizing attitudes and actions, including managers, health workers and users[6,7].

The PNH does not define the term humanization in its guidelines, but considers progress in the quality of services provided, as well as improved communication between patients, workers, and family members in the health system[8].

Thus, the present study has the general objective of identifying the role of nurses in humanized care and the challenges they face in its implementation, and the specific objective is to present new humanized initiatives to benefit users and health professionals. The justification for this

study is the constant challenge of introducing the theme of humanization into the daily routine of emergency rooms and improving nursing practice in terms of team interaction for user care.

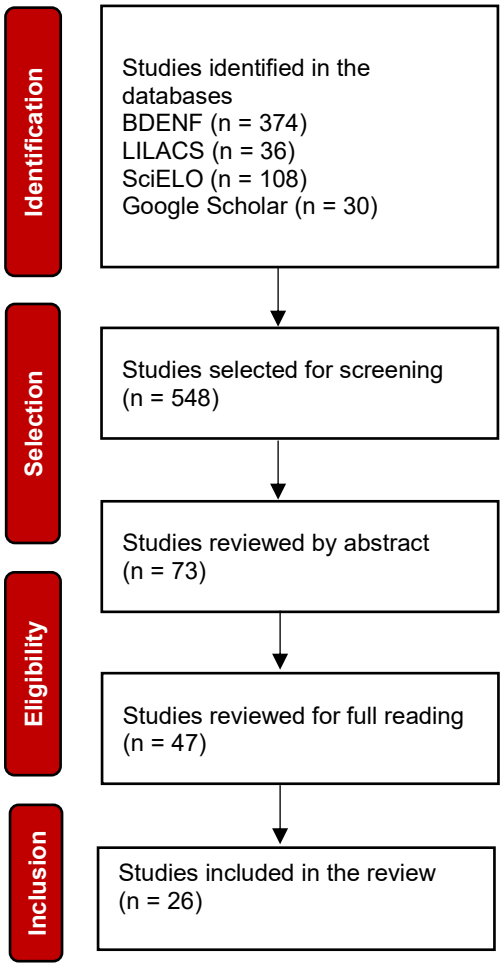
Methodology

This work used bibliographic research with an integrative review from a qualitative approach, involving the basic activities of identification, compilation, filing, analysis, and interpretation[9]. An integrative review determines current knowledge on a specific topic, as it is conducted to identify, analyze, and synthesize results from independent studies on the same subject[10].

We searched for articles indexed in the following databases: Scientific Electronic Library Online (SciELO), Nursing Database (BDENF), Latin American and Caribbean Literature in Health Sciences (LILACS), and Google Scholar, published between 2006 and 2021 in Brazil. The following Health Sciences Descriptors (DeCS) were used for the search: "Humanization in Care", "Humanization in Urgency and Emergency", "Humanization of Care", and the crossing of the descriptors was performed using the Boolean operator "AND".

A total of 548 articles were found when adding the criteria of articles published between 2006 and 2021, within the Portuguese language; this number was reduced to 73. After reading, analyzing, and interpreting the research, 26 articles with a central focus on the problem question were selected to compose this research (Figure 1).

Figure 1. Study selection flowchart. Tatuí, SP, Brazil, 2022



Results

During the review of the publications, the contents were divided for better observation[11]. Therefore, the articles were gathered by evaluating the general objective of each publication in the following themes: 1) Reception with risk classification, 2) Continuing education and Humanization, 3) Humanization of care, 4) Hospital Humanization, 5) Humanization Policy. Chart 1 shows the definition of the number of articles studied, according to the author and year of publication, distributed in each theme.

Chart 1. Author, year and theme of the articles studied. Tatuí, SP, Brazil, 2022

Theme	Author/Year
Reception with Risk Classification	1- Nascimento et al., 2011 2- Corrêa et al., 2020

	3- Guedes, Henriques, Lima, 2013 4- Campos et al., 2020 5- Costa et al., 2018
Continuing Education and Humanization	1- Dato, Lima, Spolidoro, 2019 2- Fontana, 2010 3- Furlan, Silveira, Amara, 2020 4- Andrade, Artmann, Trindade, 2011 5- Assis et al., 2015 6- Rocha et al., 2021 7- Lenz et al., 2006 8- Andrade et al., 2013
Humanization of Care	1- Waldow, Borges, 2011 2- Perbone, Silva, Oliveira, 2019 3- Barros, Queiroz, Melo, 2010 4- Anguita et al., 2019 5- Santos et al., 2018 6- Cavalcante, Damasceno, Miranda, 2013
Hospital Humanization	1- Sousa et al., 2019 2- Silva Júnior et al., 2021 3- Evangelista et. al., 2016 4- Santana et al., 2021 5- Salvati et al., 2021
Humanization Policy	1- Almeida et al., 2019 2- Andrade et al., 2021

In the review of the 26 articles evaluated, a predominance of the qualitative approach was revealed, with 16 productions, approximately 62%. A total of three works, approximately 11%, addressed the theme of humanization through the systematic review methodology. A total of three works, approximately 11%, used the integrative review methodology. The remaining studies were classified as reflective essay (one work - 4%), comparative study (one work - 4%), descriptive study (one work - 4%), and action research (one work - 4%).

The central axis based on Continuing Education and Humanization leads the number of studies (eight articles), followed by the theme of Hospital Humanization and Humanization of Care (six articles each theme), Reception with risk classification (five articles), and Humanization Policy (two articles). Therefore, the limitations of studies that address the theme of humanization in emergency rooms are evident.

Discussion

Therefore, this study discussed the articles, according to the content covered by them, forming subthemes as follows:

Reception with risk classification

It was observed that improving reception requires staff qualification and greater commitment from managers and professionals in the emergency room to overcome deficiencies and ensure effective care, shifting the focus away from physician-centered care and understanding the growing role of nurses as facilitators of development and welcoming behavior, even with their many flaws, as this study shows, we can learn with a simple look, touch, word of support, changing professionals' attitudes and often more important than medicine or exams is when we put ourselves in other people's shoes, feeling the problems they face, and that we do not need many resources, just awareness. It is noteworthy that there were some improvements in services after the implementation of the reception strategy, but there are also limitations, since the opinions of other professionals, patients, and family members, which were important in the reorganization of services, were not studied[13].

It is important not to wait for the environment to become more conducive to the practice of humanization, as it should happen in any space, at any time, and not just consider mechanized care. Risk classification is essential in emergencies, as it organizes the practice of qualified listening, in addition to being a means of promoting humanization by observing not only physical symptoms, but also psychosocial ones[14].

Continuing education and humanization

Reflecting on humanizing and ethical processes in the practice of health professionals, those who seek the principles of the SUS question the care model, and professionals play an important role in the humanization of services, as it includes reflection on values across the board. In professional practice, everyone has the right to comprehensive and humanized health, so it is important that professionals align their health promotion practices with professional ethics[15].

The process of raising awareness about humanization must begin during graduation, as future health professionals will be trained to perform the role, and that to implement care with humanized actions it is necessary to value the subjective and social proportion in all practices and management of the SUS, strengthen teamwork, encourage the construction of autonomy of subjects, make work relationships popular and, most importantly, value health professionals[16].

Learning is important, but participants must have the desire to add new knowledge and practice. It is important that the institution commits to a change in a humanized direction, ensuring the participation of all those involved, developing concrete actions to guarantee the beliefs of its clients[17].

It was observed that humanization today is still lacking, it is necessary to qualify professionals, who often work in inadequate environments, lack of human resources, overcrowding of clients and reduced incentives for professional qualification, it is possible to implement a humanized care process in emergency rooms, to motivate care teams to help humanely in health services in general, users feel safer and more valued, and the discomfort of waiting times is minimized[18,19].

It is necessary to reflect on how to see the rights, dignity, and uniqueness of others, develop emotions and open up to listening, but to do so it is necessary to activate internal mechanisms, as humanization can be difficult, and a great challenge to overcome dehumanizing behavior and transform the antithesis of humanity, imagining not only making policies, but adding new values to the internal values that everyone has resisted[20].

Humanization of care

The word humanization, although beautiful and full of meaning, is absent today. It is necessary to develop reflections for better organizational performance and care practices to experience humanization in its breadth and recover the pleasure of caring[4].

We must allow ourselves to see the user in a complete, integral way, considering him/her as a unique, singular being. On the other hand, to understand and adopt him/her, we need availability, sensitivity, and a change of attitude, because care must become a practice of our humanity, since it is essential for our development and fulfillment as human beings, positioning it as a highlight, not because of humanization. There are still weaknesses in nursing care in the face of humanized care. These failures may be related to the fact that professionals are concerned with the disease, failing to look at the human side of the patient[8,21].

Nurses understand and recognize the importance of seeing the patient holistically, respecting their values, as this enables positive results in their treatment and recovery, as humanization is a complex that involves the entire environment and the subject inserted into it, as professionals must reflect on their actions and conduct during care to promote humanized care[22].

Hospital humanization

It is understood that humanized hospital care is synonymous with "perception of the patient in his/her entirety", being agile and resolute in care, taking into account not only the physical aspects, but also the social and emotional ones, as it is important to incorporate knowledge related to humanization in health care, so that the nurse is a protagonist in the implementation, managing the cases, responsible for guiding, directing and integrating all points of the care networks, being able to enhance the qualification of care, in the same way that nurses working in emergency rooms understand about humanizing and highlight important points, such as listening, welcoming and mutually respecting the client and the family[23,24].

For a research[25], which helped to recognize, through vulnerability, the practice of humanized care by the multidisciplinary team, the biggest challenge is still focused on causing impacts on the hardening of the organizational structure of hospitals, since the factors that hinder this practice are the fragmentation of the organization of the work process, the management of health services and working conditions, also thinking that to encourage hospital humanization, collaborative and integrative processes are needed that involve management, employees and patients, and on the part of managers, promote qualified listening, meeting the needs of professionals, so that they feel human among humans[26].

There is a need for nurses to reevaluate their care, to realize that bioethical principles must always govern their practice to assist in respecting the patient and in humanized nursing care, making care not just the application of nursing techniques, but rather a complex practice that considers that the person to whom this care is provided is a worthy being, with needs that are not only biological, but also psychological, social and spiritual[3].

Humanization policy

It is understood that the PNH emerged in 2003 and was established in the SUS to help improve the quality of care, consolidating humanity, and improving the idea of an expanded clinic in the SUS. The PNH has ambiance as one of its tools, using color to create a more peaceful and welcoming workspace[7].

The importance of the PNH, as a transversal policy of the SUS, since the ethical, aesthetic and political proposal calls for countering the vertical relationships between the subjects that represent health, placing them in horizontal and collective relationships, one of the challenges in implementing the PNH is facing the working conditions to which workers are subjected: devaluation, instability, low investment in continuing education, centralized management model, making it impossible for workers to work in a better way[27].

Although health policy has evolved, the implementation of the PNH guidelines, especially user acceptance at all levels of the system, persists in the popular culture of seeking care in emergency rooms because users do not receive care that satisfies them in UBS or specialized care. Therefore, it can be said that in terms of practice

related to the SUS, there are many changes, because humanizing is, above all, creating conditions for efficient and effective health, considering that humanization is a practice implemented in the SUS[28].

Final Considerations

In response to the research question, the results presented make clear the need for and importance of further studies on this topic, which is a scarce subject. In the Emergency Room, where the risk of death requires nursing professionals to perform procedures quickly, this does not exempt the need for humanization in care. Humanization in nursing care in emergency rooms can be a possible action when there are tools that help to achieve a more humanized practice, placing the patient as the priority subject in care.

When caring for patients, nurses' main concern is not only to address complaints, but also to find ways to minimize barriers that prevent them from providing humanized and satisfactory care. However, it is a constant challenge to introduce the theme of humanization into the day-to-day routine of emergency rooms, as the nursing team must always think about care focused not only on the patient's physical well-being, but also on their psychological and emotional well-being.

In addition to preparing professionals to deal with humanization and care, it is also necessary to reorganize the care itself, from the risk classification stage to the moment of patient discharge, where a close look at humanization is fundamental and indispensable. Thus, it can be concluded that the topic of humanization in emergency rooms is a vague subject, but one that lacks studies and discussions, given its importance in the practice of nursing care.

References

1. Barros SDOL, Queiroz JC, Melo RM. Cuidando e humanizando: entraves que dificultam esta prática. Rev Enferm UERJ. 2010 [citado 22 mai 2022];18(4):598-603. Disponível em: http://www.facenf.uerj.br/v18n4/v18n4a16.pdf
2. Miranda JM. Tecnologia, autonomia e dignidade humana na área da saúde. In: Siqueira JE, Prota L, Zancanaro L, editores. Bioética: estudos e reflexões. Londrina: UEL; 2000. p. 101-16.
3. Barbosa IDA, Silva MJP. Cuidado humanizado de enfermagem: o agir com respeito em um hospital universitário. Rev Bras Enferm. 2007;60(5):546-51. https://doi.org/10.1590/S0034-71672007000500012
4. Cavalcante AKDCB, Damasceno CAF, Miranda MSD. Humanização da assistência em atendimento de urgência hospitalar: percepção dos enfermeiros. Rev Baiana Enferm [Internet]. 2013 [citado 22 mai 2022];27(3):221-33. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/lil-759628
5. Santana LF, et al. Atuação do enfermeiro na urgência e emergência: revisão integrativa da literatura. Braz J Dev. 2021;7(4):35994-6006. https://doi.org/10.34117/bjdv7n4-184
6. Ministério da Saúde (BR). Política nacional de atenção às urgências. Brasília: Ministério da Saúde; 2003.
7. Ministério da Saúde (BR). HumanizaSUS: Política Nacional de Humanização: documento base para gestores e trabalhadores do SUS. 2ª ed. Brasília: Ministério da Saúde; 2004.
8. Perboni JS, Silva RCD, Oliveira SGA. A humanização do cuidado na emergência na perspectiva de enfermeiros: enfoque no paciente politraumatizado. Interações [Internet]. 2018 [citado 22 mai 2022];20(3):959-72. Disponível em: https://interacoesucdb.emnuvens.com.br/interacoes/article/view/1949
9. Marconi MDA, Lakatos EM. Metodologia do trabalho científico: procedimentos básicos, pesquisa bibliográfica, projeto e relatório, publicações e trabalhos científicos. 7ª ed. São Paulo: Atlas; 2008.
10. Souza MT, Silva MD, Carvalho R. Revisão integrativa: o que é e como fazer. Einstein (São Paulo). 2010;8(1):102-6. https://doi.org/10.1590/S1679-45082010RW1134
11. Soares AHR, et al. Qualidade de vida de crianças e adolescentes: uma revisão bibliográfica. Cienc Saude Colet. 2011;16(7):3197-206. https://doi.org/10.1590/S1413-81232011000800019
12. Guedes MVC, Henriques ACPT, Lima MMN. Acolhimento em um serviço de emergência: percepção dos usuários. Rev Bras Enferm. 2013;66(1):31-7. https://doi.org/10.1590/S0034-71672013000100005
13. Nascimento ERPD, et al. Acolhimento com classificação de risco: avaliação dos profissionais de enfermagem de um serviço de emergência. Rev Eletr Enferm. 2011;13(4):597-603. https://doi.org/10.5216/ree.v13i4.11812
14. Campos RLDO, et al. Humanização da assistência de enfermagem: na classificação de risco nos serviços de urgência e emergência. Rev Eletr Acervo Enferm. 2020;5:e5036. https://doi.org/10.25248/reaenf.e5036.2020
15. Furlan LV, Silveira KSS, Amara AIDD. Humanização na prática dos profissionais da saúde. Rev Inova Saude. 2020;10(2):125-38. https://doi.org/10.18616/inova.v10i2.5590
16. Costa NMMR, et al. Acolhimento: percepção de enfermeiros em uma unidade de urgência e emergência. Rev Enferm UFSM. 2018;8(3):576-90. https://doi.org/10.5902/2179769229808
17. Andrade MAC, Artmann E, Trindade ZA. Humanização da saúde em um serviço de emergência de um hospital público: comparação sobre representações sociais dos profissionais antes e após a capacitação. Cienc Saude Colet. 2011;16(1):115-24. https://doi.org/10.1590/S1413-81232011000700043
18. Campos RG, Silva VJD, Souza FVA. Política Nacional da Humanização: sob a ótica dos profissionais em saúde. Rev Bionorte [Internet]. 2015 [citado 22 mai 2022];4(1):16-25. Disponível em: https://revistabionorte.com.br/arquivos_up/artigos/a2.pdf
19. Lenz AJ, et al. Acolhimento, humanização e fonoaudiologia: relato de experiência em unidade básica de saúde de Novo Hamburgo (RS). Bol Saude [Internet]. 2006 [citado 22 mai 2022];20(2):59-69. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/cid-54992

20. Fontana RT. Humanização no processo de trabalho em enfermagem: uma reflexão. Rev Rede Enferm Nordeste [Internet]. 2010 [citado 22 mai 2022];11(1):200-7. Disponível em: https://repositorio.ufc.br/bitstream/riufc/12318/1/2010_art_rtfontana.pdf
21. Waldow VR, Borges RF. Cuidar e humanizar: relações e significados. Acta Paul Enferm. 2011;24(3):414-8. https://doi.org/10.1590/S0103-21002011000300017
22. Santos ELD, et al. Assistência humanizada: percepção do enfermeiro intensivista. Rev Baiana Enferm [Internet]. 2018 [citado 22 mai 2022];32:e23680. Disponível em: https://pesquisa.bvsalud.org/portal/resource/pt/biblio-958115
23. Sousa KHJF, et al. Humanização nos serviços de urgência e emergência: contribuições para o cuidado de enfermagem. Rev Gaúcha Enferm. 2019;40:e20180263. https://doi.org/10.1590/1983-1447.2019.20180263
24. Junior MDS, Vianna IC, Oliveira SP, Donola SFA, Souza TA, Fernandes VC, et al. Humanização em grande emergência: o enfermeiro evidenciando suas práticas na qualidade assistencial. Glob Acad Nurs. 2021;2(3):e151. https://dx.doi.org/10.5935/2675-5602.20200151
25. Evangelista VC, et al. Equipe multiprofissional de terapia intensiva: humanização e fragmentação do processo de trabalho. Rev Bras Enferm. 2016;69(6):1099-107. https://doi.org/10.1590/0034-7167-2016-0221
26. Corrêa LDO, et al. Acolhimento de enfermagem: à pessoa vítima de acidente de motocicleta e ao familiar acompanhante. Esc Anna Nery. 2020;24(4):e20190367. https://doi.org/10.1590/2177-9465-EAN-2019-0367
27. Anguita MV, et al. Humanização dos cuidados de saúde no serviço de urgência: análise qualitativa baseada nas experiências dos enfermeiros. Rev Enferm Ref [Internet]. 2019 [citado 22 mai 2022];4(23):e1907. Disponível em: https://www.redalyc.org/journal/3882/388262389007/388262389007.pdf
28. Lopes MTSR, Labegalini CMG, Silva MEK, Baldissera VDA. Educação permanente e humanização na transformação das práticas na atenção básica. Rev Min Enferm. 2019;23:e-1161. https://doi.org/10.5935/1415-2762.20190009