



HUMANIZATION: PERCEPTION OF STUDENTS OF THE PHYSIOTHERAPY COURSE

HUMANIZAÇÃO: PERCEÇÃO DOS DISCENTES DO CURSO DE FISIOTERAPIA HUMANIZACION: PERCEPCIÓN DE ALUMNOS DEL CURSO DE FISIOTERAPIA

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ABSTRACT

Objective: analyzing the perceptions of students of Physiotherapy regarding humanization. **Method:** an exploratory-descriptive study of a qualitative approach carried out in an Institution of Higher Education, with the participation of students from the 8th to the 10th semesters of Physiotherapy in that responded to a semi-structured interview and data analysis by the Content Analysis Technique. The research project was approved by the Research Ethics Committee, CAAE: 24659313.0.0000.5012. **Results:** according to the participants' speech, the Registry Units (RU) were: UR1 Humanization Concept with the categories of human values, equity and humanized assistance and UR2 Experience of humanized care to the categories of professional ethics and Physiotherapy and Work in health team. **Conclusion:** humanization is experienced during graduation and was related to values linked to poverty and therefore linked to the humanized care in the sense of 'favors' or acts of solidarity. **Descriptors:** Humanization of Assistance; Human Resources Training; Physiotherapy.

RESUMO

Objetivo: analisar a percepção dos discentes de Fisioterapia quanto à humanização. **Método:** estudo exploratório-descritivo com abordagem qualitativa realizado em uma Instituição de Ensino Superior, com a participação de discentes do 8^o ao 10^o períodos de Fisioterapia em que responderam a uma entrevista semiestruturada e análise de dados pela Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 24659313.0.0000.5012. **Resultados:** de acordo com as falas dos sujeitos, as Unidades de Registro (UR) foram: UR1 Conceito de Humanização com as categorias de valores humanos, equidade e assistência humanizada e a UR2 Vivência da assistência humanizada com as categorias de ética profissional da Fisioterapia e Trabalho em equipe de saúde. **Conclusão:** a humanização é vivenciada durante a graduação e foi relacionada a valores ligados à pobreza e por consequência vincula-se à atenção humanizada, no sentido de 'favores' ou de atos de solidariedade. **Descritores:** Humanização da Assistência; Formação de Recursos Humanos; Fisioterapia.

RESUMEN

Objetivo: analizar las percepciones de los estudiantes de Fisioterapia en relación con la humanización. **Método:** un estudio exploratorio-descriptivo de enfoque cualitativo realizado en una Institución de Educación Superior, con la participación de estudiantes del 8^o al 10^o período de Fisioterapia en que respondió a una entrevista y análisis de datos semi-estructurados mediante la Técnica de Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE: 24659313.0.0000.5012. **Resultados:** de acuerdo con el discurso de los participantes, las unidades de registro (RU) fueron: UR1 Concepto de Humanización con las categorías de los valores humanos, la equidad y la asistencia humana y UR2 Experiencia de atención humanizada a las categorías de la ética profesional y Fisioterapia y Trabajo en equipo de salud. **Conclusión:** la humanización se experimenta durante la graduación y se relacionó con los valores vinculados a la pobreza y, por tanto, relacionada con el cuidado humanizado en el sentido de 'favores' o actos de solidaridad. **Descriptor:** Humanización de la Atención; Formación de Recursos Humanos; Fisioterapia.

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INTRODUCTION

Several meanings and concepts can be given to the word "humanization", which can be understood from a simple careful listening to a good doctor-patient relationship or a good physical space of care and social care.

Education in health was very studied and modified in recent years, in order not to stop the technical training, but to train professionals who have lived and reflected on universal access, quality and humanization in health care and social control.¹

To suit the training profile advocated for health professionals, the Ministry of Education and Culture (MEC) in 2001 and 2002 prepared in a participatory manner with society the National Curriculum Guidelines (DCN) for current graduate courses nationwide.²

The DCN of the degree course in Physiotherapy, established by the National Education Council with Resolution CNE/CES February 4th, 2002, aim a profile of academic egresses that meet the demand of the public initiative of the Unified Health System (SUS), seeking to generally for all healthcare professions humanistic, critical and reflective practitioner.²

The SUS is confronted with barriers on the humanization, including the fragility of the bond between workers and users, precarious employment relationships, low worker participation in management of services and the unpreparedness of professionals to deal with subjective issues, aspects that compromise the quality of care and maintain the professional hostage of inadequate conditions that impute wear and distress.^{3,4}

In order to minimize the humanization barriers, SUS draw up a National Policy for Humanization (PNH), implemented in 1994 by the Ministry of Health. In 2010, we developed and highlighted the importance of training and intervention for humanization through a shaft the PNH which reinforces the importance of proper training of health professionals to better perform its functions in a special way SUS related to humanization.⁵

The deficit in the development of humanization can limit the power of solving services and increase the fragility of care practices thanks to the bureaucratisation of organizations, corporatism of health professions, the concentration in the art and the lack of professional training to see the subject as one being within a social context, not only as the holder of the disease.⁶The user should be viewed more closely, so near its reality the determinants of health and living

conditions are identified to overcome the use of only technique in providing the service.⁷

The automation of professional contact and users focusing the eye on the disease fail to establish the link required for the establishment of the health act. This becomes even more complex when there is the model of training of health professionals remains distant discussions and formulations of Public Health Policies not focusing on the formation of ethical professionals with real commitment to life.⁸

Training with the "dehumanizing" model in the health field has occurred in that, based on the biomedical model, users of the system are reduced to the very technical objects, depersonalized in an investigation that proposes cold and objective.⁹It becomes also important to be taken care not to trivialize the proposition of the Humanization Policy not to mistake it for "favors" or "charity" as a voluntary service, leaving the right to health as something forgotten. "Humanize is to provide qualified care articulating the technological advances with welcoming, improvements in care settings and working conditions for professionals".⁸

Due to the need to assess training in physiotherapy for humanization, this study aims to analyzing the perception of the students of Physiotherapy regarding humanization.

METHOD

It is an exploratory-descriptive study of a qualitative approach. It was held in a private Higher Education Institution (HEI) located in the city of Maceió-Alagoas. The IES offers a unique curriculum for the country proposed by its sponsor with only three disciplines of regional character. The discipline that proposes to approach the theme of humanization in its menu is Physiotherapy in the Intensive Care Unit (ICU).

There were asked to participate voluntarily and to sign the free and informed consent (IC), the students from the 8th to the 10th semesters of the Department of Physiotherapy at the premises of IES. Data collection occurred during the months of November and December 2013. The theme was addressed on humanization in training. In a sample universe of 104 students, there were thirty-four semi-structured interviews individually, respecting the criterion of sample saturation, which, according Fontanella¹⁰, in qualitative research the sample definition saturation is operationally defined by the non-inclusion of individuals in the research, that is, when the

Carvalho VL de, Oliveira ALC de, Rocha JSPC et al.

researcher believes the data become redundant and/or repetitive.

The interviews were analyzed thoroughly by Bardin Content Analysis Technique¹¹ on Thematic Analysis mode. The collected speeches were subjected to a pre-analysis (organization phase), categorized and following the registration units created. The records were identified using the letter S for subject, followed by the application of questionnaires order of S1 to S34. Two registry units were created:

UR1 Humanization concept;

UR2 Experience of humanized care.

The research project was approved by the Research Ethics Committee of the Faculty Estacio of Alagoas, with CAEE number: 24659313.0.0000.5012.

RESULTS AND DISCUSSION

UR 1: Concept of Humanization

In this UR, the theme humanization was object of different interpretations by the research subjects, whose concepts were grouped in the following categories: human values, equity and human assistance.

◆ Human values

In the first category, when asked how they conceptualized humanization, this was referred to as acts of solidarity, compassion and respect.

Solidarity is the feeling that leads men to assist mutually¹², it was cited in the statements below:

The act of moving the problem of the other and to the extent possible to solve this problem. [S1]

Help in the best way possible to the next, not only thinking of you and yes look at the people around you. [S2]

Humanization can still be confused as compassion; being the deep sorrow that causes on us others' evil.¹² It is the duty of putting yourself in the other represent the true implementation of humanization according to the subjects 6, 7 and 12.

It's to put yourself in the situation of the other with disease, of abandonment of family and giving the best of you to him, in the case of elderly and in general also. [S6]

It is a person whether by in place of another in various situations... [S7]

It's caring about the well-being of another. Worrying about the people the same way you care about you. [S12]

This concept of philanthropy was linked to religious and paternalistic movements of the Middle Age, where hospitals were intended to gather the poor in need of both physical and

Humanization: perception of students of the...

moral care.⁶ Humanization word recalls the need for solidarity and social support. However, it is important to note that, although you will need the use of sensitivity in care, this does not mean being the humanization an act of charity and compassion, but to promote a meeting of quality suffering with the disease, the user, who devoted himself to mitigate the suffering of others, professionals.¹³⁻⁴

It was also evident that the concept of humanization channeled to respect image of human dignity, and the feeling that leads to treat someone or something with great attention, deep deference¹³, according to the following statements:

It is respect for the human being, understanding its limitations. [S8]

Care, attention and respect to the other. [S14]

[...] respect the right of free speech of the other and interacting with people, being sociable everything and everyone. [S9]

The "affectionate" vision of the Physiotherapist care must be supplemented with the redemption of relations that relies heavily on reforms of medical and epidemiological tradition since academics banks firming that humanize is not cherish the patient, but rather see him beyond his pain.

◆ Equity

Humanization was conceptualized as equity by some research subjects.

Humanization is an attitude taken toward the close as his needs, rights, to put you in the place of the other, to see that each person needs an attention according to his lack. [S26]

It is the way to treat the other as he should and needs to be treated, seeing the differences and limitations. [S22]

Recognizing that the construction of SUS guides itself by doctrinal principles of universality, comprehensiveness and equity, the latter aims to reduce inequalities, ensuring actions and services at all levels in accordance with the complexity required in each case. "Despite all the people having the right to services, people are not equal and therefore have different needs".¹⁵

◆ Humanized assistance

In this category the research subjects conceptualized humanization as recommended by the HNP:

The attitude of seeing the patient as a human being that has rights which must be respected and seeing him as a complete individual. [S24]

It is the role of physiotherapy in a more appreciative, swapping the hospital

Carvalho VL de, Oliveira ALC de, Rocha JSPC et al.

Humanization: perception of students of the...

environment for the patient's house, for example, where the patient feels more comfortable with the techniques more devoid of technologies. [S29]

Humanization is the form of addressing, treating the patient in such a way that prioritizes the physical, psychic and social well-being of the patient. [S33]

Therefore, it can be said that humanize is then to provide qualified care articulating the technological advances with welcoming, improving care settings and working conditions for professional.¹⁰The purpose of producing health by increasing the autonomy of families, stopping to centering on the vision illness but focusing on the subject that has, is an ability to articulate providing quality services with technology, hosting and workspaces structurally appropriate users and professionals.

Foundations that claim that humanize is to observe each person as an individual, with his specific clarifications giving them opportunities to perform its own autonomy¹⁶, were perceived in the speeches below:

The act of serving patients in a more focused, individualized way, respecting their physical and psychological limits. [S25]

It is how to relate with the patient, in order to treat him as an individual that has peculiar characteristics, respecting him and prescribing his conduct as such. [S21]

The NHP recommends individualized care respecting the vulnerability of each case of health may be individual and/or collective, considering the inter-sectoral policies and the health needs.⁸

In a study with higher degree professionals that assume the role of managers of the Family Health Units identified different conceptions of Humanization.¹⁷Corroborating with the diversity of concepts also presented in this study.

◆UR2: Experience of the humanized assistance during graduation

UR 2 analyzes the experience of graduate students of Physiotherapy about Humanization in any discipline or in internships in the IES.

It was observed that most of the research subjects responded to realize experience some form of humanization during graduation. Such forms of experience occurred in specific stages and disciplines, to practical activities in the hospital and outpatient basis. In this recording unit, were created two categories: professional ethics of Physiotherapy and health work team.

◆Professional ethics of physiotherapy

The statements of the research subjects show that the ethical principles posts in Resolution number 424, from 08th of July, 2013, establishing the Code of Ethics and Deontology of Physiotherapy¹⁸ to replace Resolution 10 of the Federal Council of Physiotherapy and Occupational Therapy 1978 are referred to as humanized care:

In a hospital without vacancies and there comes a serious patient needing urgent care and a professional commits to give all the assistance.[S1]

It is observed that the subject 1 refers to this risk stratification in PNH that is also present in Resolution 424 in its article 14 in section II which says:

Providing assistance to human beings, respected their dignity and human rights so that the priority in service obey emergency reasons, independent of any consideration relating to race, ethnicity, nationality, creed, political partner, gender, religion, culture, economic partners conditions, sexual orientation and any other form of prejudice, always in defense of life.¹⁹

This item is also put in the words of other research subjects when referring to prejudice and socio-economic conditions:

A service to a serum positive in that I didn't have any fear, I was concerned with providing the best of my attendance to the need for respecting the no difference. [S26]

On a visit to needy community, where we referrepressions and last some needy patients. [S30]

The DCNs, for the course of Physiotherapy, in its Art. 3 provides for "the trainee graduate/ professional with general, humane, critical and reflective, able to work in all health care levels." Importantly, the difference between humanism and human assistance that according to the Virtual Health Library (VHL), humanism is the "ethical system that emphasizes human values and dealing with the dignity and freedom of mankind", in time humanized care is the quality of care guaranteed by welcoming, listening and respect of professionals not centering on technology for solving assistance. The VHL adds that the humanized care needs facing the humanization for employees through working conditions and institutional respect.

None of the statements of the research subjects, the humanization directed to workers and the institution was created. The student perception of humanization does not provide worker's incorporation which can cause future professional activities without compliance with the prerogatives of the HNP and without the professional development to suit the service. The NHP advocates a

Carvalho VL de, Oliveira ALC de, Rocha JSPC et al.

humanized network engaged in complexity "where are all the subject: managers, health workers, users, all citizens" are protagonists of humanization.⁸

Another fact observed in the research that the subjects refer to the practice of humanized care when there is respect for the rights of patients, in reference to the diagnosis, therapeutic technique used and the autonomy of the patient and to choose the best treatment, which can be seen in the following statements:

Explaining to the patient as is the treatment and respecting his limits.[S3]

Explain to the patient what will be done and if it can be done.[S10]

Some subjects of the research concerns the experience of humanized care, the practice of prevention and health promotion activities in the home and community environments, as the lines:

Home assistance. [S6]

On a visit to a needy community, where we gauge pressure and last some needy patients.[S30]

The formation of the research subjects still-rooted to Flexnerian model, which reports to healing, biologicism and uncausality of the disease,²⁰ which can be seen when they state that home care and in the community for the promotion and prevention practices are actions related to humanization policy. However the code of ethics of the profession¹⁸ in its Article 4 states that the physiotherapist should assist the individual and collective level with the participation of shares of "health promotion, disease prevention, treatment and recovery of their health and palliative care, always in view of the quality of life".

Physiotherapy should be suitable for and prepare to act according to the new logic of organization of care models, SUS policies and the current epidemiological profile of the population and to transform collective needs, physiotherapy need to resize your object intervention, which should approach the field of health promotion and of the public health movement without abandoning its powers concerning rehabilitation.²⁰

◆ Teamwork of health

The humanized assistance relies on teamwork to ensure better health care. However, teamwork is a need for assistance to general health, because health is a complex object that evokes the need for interdisciplinary and inter-relations.²¹

The DCNs for the course in physiotherapy put teamwork as necessary for formation of the physiotherapist, who shall act in that

Humanization: perception of students of the...

mold in Article 5 paragraph only.² In turn, the code of ethics and deontology in Article 16 places the physiotherapist as participating member of interdisciplinary and multidisciplinary teams with their ethical duty of professional care and ethical responsibility with the team and with the patient.¹⁸

The subjects referred to the teamwork as professional performance and humanized care:

Home monitoring in multidisciplinary team in a community elderly.[S14]

Multidisciplinary is a juxtaposition or addition of discipline or specialty without interaction between them, not generating changes and uncoordinated objectives, unlike the interdisciplinarity that promote changes in relations between disciplines and specialties coordinating the objective to be achieved.²²

Health professionals should have training and performance in "critical and inter-perspective, that is, the critical-reflective and collaborative training toward the constitution of subjects" to transform and meet the demands for health practices.²³

The student's perception analyzed in this research pointed to future egresses of the Physiotherapy course that conceptualize humanization only as a process that involves a loving and charitable dedication to the patient.

FINAL REMARKS

In the analysis of the perception of students from the physiotherapy as humanization, it showed up data pointing to the humanization experienced during graduation in stages and in specific disciplines, which in turn, emphasize values linked to poverty and therefore has its bonds with the humanized attention towards 'favors' or acts of solidarity.

The alienation to experience concepts and practices could be recognized from the DCNs for the course of Physiotherapy, in which humanism and human assistance are confused. The first is given the emphasis on human values and in the second, the real human assistance. Except in reports where the subjects referred to the practice of humanized care as to respect the patient's right in having knowledge to the diagnosis, treatment and preservation of his autonomy, the research subjects of the training still shows rooted in Flexnerian model, reported to healing, which is evidenced by claiming that home and community care in the practical promotion and prevention, are actions related to the humanization policy.

Carvalho VL de, Oliveira ALC de, Rocha JSPC et al.

Humanization: perception of students of the...

The formation of bonds between professionals and users in defense of life is the starting point for the redemption of human relationships. Although it is known to be the dehumanization in the health centers a purely human derived as a result of bureaucratization, specific fragmentation of being added to the lack of professional and structural investments, several changes will depend on the perspectives of students, even in academic banks on the professional ethics and human values, reshaping a medical tradition of curing the disease and not the patient.

New researches are suggested to analyze the perceptions of students about the worker who is in care and his humane action.

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Carvalho VL de, Oliveira ALC de, Rocha JSPC et al.

Humanization: perception of students of the...

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