

The humanization of care in the education of health professionals in undergraduate courses*

THE HUMANIZATION OF CARE IN THE EDUCATION OF HEALTH PROFESSIONALS IN UNDERGRADUATE COURSES

LA HUMANIZACIÓN DEL CUIDADO EN LA FORMACIÓN DE LOS PROFESIONALES DE SALUD EN LOS CURSOS DE GRADUACIÓN

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ABSTRACT

This literature review was performed for the purpose of surveying and analyzing the scientific production in health in Brazilian journals regarding the teaching of health care humanization in undergraduate programs. The bibliographic survey was performed on the LILACS database using the term humanization, including texts published between 2000 and 2010 and examining 42 articles. The analysis of these articles revealed the following central themes: *Humanization: some thoughts on its concepts; University and the National Curriculum Guidelines for Undergraduate Programs in Healthcare: relations with the teaching of humanization; Curricular changes, contents and teaching-learning strategies regarding humanized care; and Subjects of the teaching-learning process: students and faculty learning the humanization of care.* Some theoretical and practical elements have been created about the teaching of humanization in the context of health; however, it is essential to make greater investments to effectively develop new ways of providing care.

DESCRIPTORS

Teaching
Humanization of assistance
Health personnel
Education, nursing

RESUMO

A proposta desta pesquisa bibliográfica é conhecer e analisar a produção científica do campo da saúde, em periódicos nacionais, sobre o ensino da humanização do cuidado nos cursos de graduação. Realizou-se um levantamento bibliográfico na base de dados LILACS, utilizando o termo humanização, com textos publicados a partir do ano de 2000 até 2010, sendo analisados 42 artigos. Da análise dos artigos emergiram temáticas centrais: *Humanização: algumas considerações sobre seus conceitos; Universidade e as Diretrizes Curriculares Nacionais para os Cursos de Graduação na Área da Saúde: relações com o ensino da humanização; Mudanças curriculares, conteúdos e estratégias de ensino-aprendizagem no cuidado humanizado e Sujeitos do processo ensino-aprendizagem: alunos e professores na aprendizagem da humanização do cuidado.* Alguns elementos teórico-práticos vêm sendo construídos sobre o ensino da humanização no contexto de saúde, sendo imprescindível, todavia, maiores investimentos na construção efetiva de novos modos de cuidar.

DESCRITORES

Ensino
Humanização da assistência
Pessoal de saúde
Educação em enfermagem

RESUMEN

Esta investigación bibliográfica propone conocer y analizar la producción científica del campo de salud, en periódicos nacionales, acerca de enseñanza de humanización del cuidado en cursos de graduación. Se realizó reseña bibliográfica en base de datos LILACS, utilizando el término humanización, con textos publicados entre 2000 y 2010, analizándose 42 artículos. Del análisis de los mismos emergieron temáticas centrales: *Humanización: algunas consideraciones sobre sus conceptos; Universidad y las Directivas Curriculares Nacionales para Cursos de Graduación en Área de Salud: relaciones con la enseñanza de humanización; Cambios curriculares, contenidos y estrategias de enseñanza-aprendizaje en cuidado humanizado y Sujetos del proceso enseñanza-aprendizaje: alumnos y profesores en el aprendizaje de humanización del cuidado.* Algunos elementos teórico-prácticos vienen siendo construidos sobre la enseñanza de la humanización en el contexto de salud, tornándose imprescindibles aún, mayores inversiones en la construcción efectiva de nuevos modos de cuidar.

DESCRIPTORES

Enseñanza
Humanización de la atención
Personal de salud
Educación en enfermería

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INTRODUCTION

Some issues incite reflection on why it is essential to rethink the education of health workers in the current context: Why are new Brazilian policies and guidelines created for undergraduate programs in the health field? Why have new changes been proposed in the education of health workers? What changes are these? Why and for whom do we (re)structure the curriculum of undergraduate programs in the field of health?

Among the proposed and implemented changes, humanization has received focus as one of the main subjects in the education of health workers to enable them to provide integral care, promote health and value subjective and social dimensions, which are always implicated in the health-disease-care continuum.

How should we view humanization, which is seen as a cross-sectional theme and perceived in a broad sense, in the educational context? Should we view it as content taught in a specific course or as a cross-sectional subject of a curriculum? Should the view be one of value translated into learning to be developed by the student in continuous and reflective contact with a real daily work routine? As practice that involves only the construction of *more humane* interpersonal relationships between professionals and service users or that focuses its complexity linking political, organizational and relational issues?

Hence, the purpose is to identify in Brazilian periodicals the scientific production in the health field addressing the teaching of the humanization of care in undergraduate programs and analyze it.

METHOD

This qualitative study was developed according to the assumptions of bibliographic research, that is, a study based on secondary data, mainly composed of books and scientific papers, the main advantage of which is to allow researchers to more broadly investigate phenomena than when directly conducting an investigation. This is especially important when the research problem requires collecting scattered data⁽¹⁾.

A bibliographic search was conducted in the LILACS database using the term 'humanization' in papers published from 2000 until 2010. The reason for choosing this time period is that specific Brazilian policies concerning the implementation of humanization in health care delivery were established at the beginning of the 21st century when significant propositions emerged in the field. This search was restricted to the Brazilian literature considering the need

to identify and understand the concepts of and manner in which humanization of care is taught in undergraduate programs, given current public health professional education policies included specifically in the Brazilian context. The purpose is therefore to better demarcate the scope of the study to promote specific contributions to current education in the health field.

This study's methodological trajectory was based on the following steps: exploratory, selective, analytical, and interpretative reading⁽¹⁾.

To identify papers addressing the subject 'humanization of care in undergraduate programs', the word 'humanization' as natural language was used. Natural language may be defined as a language used in technical-scientific discourse, an expression that usually refers to words found in printed texts including terms in the title and abstract of indexed documents, and is also synonymous with *free text*, distinct from controlled language characterized as that used as descriptors, for indexing and identifier terms⁽²⁾.

Among the proposed and implemented changes, humanization has received focus as one of the main subjects in the education of health workers to enable them to provide integral care...

A total of 871 papers were initially found. After exploratory, selective, and analytical reading, considering the objective and focus of interest centered on the teaching of humanization in health, 42 papers published in Brazilian periodicals that met the study's objective were selected. Through interpretative reading, each paper was individually analyzed and interpreted, organized in chronological order and identified by numbers. Afterwards, individual analyses and interpretations were conducted, compared to each other, and central themes were identified.

LEARNING HUMANIZATION OF CARE IN UNDERGRADUATE PROGRAMS

Humanization: some considerations concerning its concepts

Humanization has been regularly addressed in current debates concerning the health context and recent studies in the field, thus it is a relevant topic and provides support for improving care and consolidating the principles and values of the Unified Health System (SUS). It is focused on studies to analyze, from discourses valuing emotional and subjective aspects to aspects that involve changes in management and health practices.

When the authors of the analyzed papers present the concepts included in humanization, they focus on aspects related to the human being, how to perceive the human being as a unique and irreplaceable, complete and complex being, that requires respect, acceptance, empathy, active listening, dialogue, social, ethical, educational and psychological circumstances in addition to the valorization

of meanings patients assign to the experience of becoming sick and suffering, and to communication and dialogue, as show in the following excerpts:

The concept of humanization is close to respect. It is necessary to understand the patient as unique and irreplaceable, who deserves to be treated with dignity (...) ⁽³⁾.

(...) humanization is defined as a state of wellbeing, involving affection, dedication, respect for the other, that is, to consider the person as a complete and complex being ⁽⁴⁾.

Humanization can be defined as value, respect for human life, including social, ethical, educational and psychological circumstances present in every human being, and consequently, in interpersonal relationships. This value should be present and be complemented by technical-scientific aspects ⁽⁵⁾.

In this direction, the education of health workers requires that the conceptual basis of students be broadened, based on an understanding of the health-disease continuum as a complex phenomenon not limited to biology ⁽⁶⁾. This is important so that the possibility to conceive and care for human beings in a broader manner is not limited to theoretical discourse, disconnected from care practice.

These ideas can be joined to the notion of integrality as one of the essential principles of the SUS, which is indicated in the sphere of public policy as a guiding axis in the education of health professionals. Humanization also focuses on the commitment to human rights, on the guarantee of users' access to health services and to the possibility of supportive links and collective participation in the management of health services, being considered a *meeting of subjects and subjectivities*. Also part of humanization is the possibility of transforming institutional culture, a movement against institutional violence in the health field. Hence, there are aspects that go beyond interpersonal relationships and, at the same time, recognize the professionals themselves in their subjectivity:

Humanizing health care, with all the intensity of its inclusion in the (bio)ethical debate means: valuing the subjective and social dimensions in all the care practices and the management of the SUS (...); ensuring users' access to health information (...); the possibility of supportive bonds and collective participation through participative management with workers and users (...) ⁽⁷⁾.

Currently, the term 'humanization' is applied to situations in which, in addition to valuing care in its technical and scientific dimensions, recognizes the rights of patients, autonomy and subjectivity, without forgetting to recognize the professional as a human being, that is, it assumes there is a subject/subject relationship ⁽⁸⁾.

The ideas discussed here show that the view of humanization in health care includes some distinct conceptions that relate to each other in how human beings and the health-disease continuum is conceived of, as well as how subjects understand the SUS. Therefore, different

teaching and care practices related to humanization can be constructed.

Considering the current context of the SUS, which requires its practices to be changed so that a system focused on health promotion and prevention is constructed, many texts emphasize the need to invest in the education of health workers, in which educational institutions and universities play an important role. These texts also delineate the limits of the current educational models, indicating a need for change.

University and Brazilian Curricular Guidelines for Undergraduate Programs in the Health Field: relationship with the teaching of humanization

The university is one of the teaching levels responsible for the process of humanization, which enables the inclusion of human beings in human society. And this institution is currently called to reflect on its role within society. The university conceived of as an institution, meaning it has society as an evaluative and normative reference, has become, since the 1990s in Brazil, a social organization focused on efficacy and productivity, demonstrated by the rapid transmission of knowledge, which brings consequences for the educational process ⁽⁹⁾.

In this context, some movements in Brazil in the last decade have encouraged reflection on the role of universities related to the valorization of undergraduate teaching, which has been a result of the understanding and implementation of the Brazilian Curricular Guidelines directed to undergraduate programs in the health field.

From this perspective, some texts assert that technical-scientific, political and ethical knowledge should be integrated into the education of health workers. For that to happen, in the opinion of some authors, teaching should be focused on curricular guidelines, as shown in the following excerpts:

The educational system of human resources should reconsider who is being educated, how and with what purpose health workers are being educated. (...) The education of individuals in the health field should be in agreement with the guidelines of a national health policy, within a model focusing both on technique and competency as well as integrality, problem-solving capacity and social relevance ⁽¹⁰⁾.

(...) It is urgent that educational processes be developed in the scope of universities, to encourage continuous qualification, creativity and the use of technology capable of giving tools to future professionals to establish satisfactory relationships both for themselves and for those they care for ⁽¹¹⁾.

The Brazilian Curricular Guidelines were approved in 2001 as possibilities to transform the education of health workers at the undergraduate level to meet the needs of contemporary changes as well as change of values, attitudes, paradigms related to the understanding of the health-disease-care continuum, organization of health services, and the teaching-learning process:

These guidelines indicate a change of the so-called *Flexnerian paradigm*, represented by the predominant biomedical model (...), to another paradigm to be constructed, one that gives priority (...) not only to biological aspects, but also psychological, social, environmental, ecological and ethical aspects, that are necessarily implicated in the health-disease continuum and thus, directly influence treatment and healing possibilities⁽¹²⁾.

There is in this paradigm a shift: from teaching to learning; from disease as an entity to the patient as a integral being; from tertiary to primary care; from rare disease to prevalent disease; from a passive to an autonomous patient; from high technology to human warmth; from dehumanization to humanization(...)⁽¹²⁾.

We understand the relationship between social projects, in which a project concerning health care (SUS) is included, and the demand for the education of workers to be able to strengthen the construction of such a project. In this context, some texts from different professional fields indicate the role of the university as an educational entity that can generate possibilities for changes in professional practices and to consolidate the SUS:

(...) the universities are not giving priority to educating professionals to become sensitive to the conditions of life and health of the population. For that, new perspectives and new types of knowledge should be accompanied by a way of educating capable of offering society professionals whose identity is loaded with highly technical/scientific and ethical competence, especially in the sense of social emancipation. Therefore, college education should be concerned with educating professionals for a society that needs to be based on principles of citizenship, respect and social justice⁽¹⁰⁾.

From the perspective of a university contributing to the consolidation of SUS, and investing in the education of new professional profiles in undergraduate programs, the construction of curricula is implied, which among other aspects, includes organizing ways different from the predominant model, incorporating content that goes beyond the fields of the biological sciences, as well as teaching-learning strategies that permit students to be participating subjects.

Curricular change, content and teaching-learning strategies in humanized care

In the current context of health care, which has consolidated the construction of the SUS, permeated by democratic principles and values, discussions concerning the education of health workers have taken place, which includes reflecting on new curricular proposals in which some theoretical references and groups of interest are opposed: technical *versus* integral education; fragmented *versus* connected knowledge; primary care *versus* hospitals; critical-reflective teaching methods *versus* traditional methods. Opportunities to include new content, teaching strategies and the construction of new curricular designs

have been created and the teaching of humanization is also included in such opportunities, which is shown in the studied papers.

Some of the studied papers critique and question essentially scientific curricula based on a set of isolated courses with few humanistic activities, which train increasingly more specialized professionals. The limitations of the education of professionals given the curriculum, such as a lack of connection between theory and practice and among different types of knowledge, are also indicated. Changes required in professional education with an emphasis on integrality and the whole of human beings, such as connecting scientific and humanistic cultures and education and work, are shown in the following excerpts:

Both private and public educational institutions in the health field present a curricular organization based on an isolated and tight set of courses, reproduced in an uncritical manner, and the historical model, whose characteristic related to the integration of teaching and service constitutes *isolated spaces* with rare continuous communication⁽¹⁰⁾.

(...) Curricula have become essentially scientific and the few humanistic activities they include do not present practical use and therefore arouse no interest. (...) the professionals increasingly specialize in their fields but continue to face situations where technical knowledge provides no solution (...)⁽¹³⁾.

The educational process is understood as a way to interfere in the services' daily practices, in work processes, in management and care, in order to enhance the SUS principles. With educational processes, one can face and disassemble the separation between education and work, when taking into consideration that the work processes constitute the raw material of educational processes⁽¹⁴⁾.

We understand that curricula may even include content that favors the students' *humane education*, however, curricula hinder such content being effectively appropriated by the students in a significant manner, which includes the possibility of the content being transformed in routine care actions. More integrative models, and especially those that permit students to gradually approximate content to professional practice, connecting it to theoretical references, may have a greater potential for improving critical-reflective learning committed to reality.

Some references are found in the studied texts concerning the need to change curricula, to connect content to theory and practice, which means there is an attempt to integrate models. And, in addition to the format/design of how the curriculum is configured, taught content is seen as essential in the pedagogical process.

Some authors assert in their texts that changes in health practices related to teaching the humanization of care occur when the curricula of undergraduate programs emphasize courses addressing subjects such as ethics, bioethics, collective health, interpersonal relationships in mental health, psychosocial aspects, or homeopathy:

We should have ethics as an essential content within the courses, improved and deepened knowledge, but it is also essential to establish a link with the ethical references of justice, solidarity and equity, in which the latter refers to the treatment of each person according to his/her health needs, seeking to reduce existing inequalities in the country⁽¹⁰⁾.

We acknowledge that content incorporated in theoretical and practical classes based on psychoanalysis, interpersonal relationships and collective health aiming to humanize mental health care, contribute, according to these professors, to re-dimensioning the value of individuals who experience psychological suffering⁽¹⁵⁾.

Meeting the humanistic aspirations of medical education, elective or mandatory courses in homeopathy could be incorporated in the curricula of medical schools, transmitting to students some of the *ethical and relational competencies that every medical student should acquire over the course of his/her education in order to obtain a medical degree, since many terminal objectives in the fields of the humanities in medical undergraduate teaching are demonstrated through theoretical-practical teaching*⁽⁸⁾.

On the other hand, some papers assert that the inclusion of a new course or even an axis of humanities, of an isolated course or even a mandatory course containing humanization content, is insufficient to include the learning of humanized care. These papers also argue that these courses seem to function as scattered foci, thus it is necessary to implement, in addition, courses in the human sciences applied to health, spaces and opportunities to reflect on the humanities based on theoretical references:

(...) if we only create – elective or even mandatory – isolated courses addressing humanization content, they will appear to be an oasis or schizoid foci, dissonant from the spirit of the remaining courses. Hence, it seems to be extremely important that there be an internal change of posture and valorization. Thus, we will be able to humanize teaching, and consequently, the practice of medicine not only through the implementation of courses addressing the so-called human *sciences* applied to health, but also courses and spaces to reflect upon the so-called *humanities*, based on philosophy and even literature⁽¹²⁾.

(...) It is clearly insufficient – and experience has shown it to be so – to simply include a new course or even an axis of humanities in the curriculum (...)⁽⁷⁾.

It is interesting to include content and courses that focus on issues related to the human sciences and that ground a view concerning humankind, which can contribute to the understanding of current political propositions of humanizing health care. However, the inclusion of content and courses alone does not ensure significant changes in the health undergraduate education, since such aspect of content may be restricted to a few courses, often in basic courses in the humanities, administered at the beginning of the program and seldom connected to each other or to courses in clinical education. Hence, there is a

risk that students acquire some cognitive knowledge with few opportunities to review their professional posture.

In relation to the teaching of humanization, even though there is, in some schools, official content focused on humanization and specific models of curricula, content including implicit values and standards are frequently transmitted in the daily routine through what professors and the remaining subjects involved in the teaching-learning process do and teach.

In the view of some studied texts, the teaching of humanization is also possible through teaching strategies that go beyond the traditional method. Some authors address the use of strategies related to practical activities developed by students, encouraging reflection and critical action, the methodology of problematization, working in small groups, including *alternative teaching methods* such as drama games, sociodrama, role-playing, in addition to debate, simulations, and discussion of movies:

I chose the problematization methodology because I believe that the construction of a reflective educational process serves as the background for changes necessary in the work environment, and which effectively contribute to put into effect the *processes of humanization of care delivery*⁽¹⁶⁾.

The work of the faculty should contribute to making us more aware that in an educational action we should associate scientific knowledge (reason) and humanistic knowledge (emotion), giving the students the freedom to think, reflect and recreate (...)⁽¹⁷⁾.

Drama games and sociodrama could facilitate addressing polemic moral and ethical issues involved in the decision-making process concerning informing the child or not (study's focus)⁽¹⁷⁾. (...)

The *role-playing technique* can be used to develop the communication skills proposed by the Brazilian Curricular Guidelines for medical undergraduate programs, while also enabling a learning environment focused on the student with an active methodology⁽¹⁸⁾.

It is worth considering that in some situations, courses addressing the human dimension become restricted to the use of traditional teaching methods in which the professors mainly transmit information to students, with few opportunities to sensitize students and encourage them to reflect upon the subject, which is crucial to constructing attitudinal learning, that is, learning closely involved in the understanding and implementation of humanized care.

When other teaching strategies are discussed beyond the traditional method with the purpose of enabling students to participate and develop autonomy, it is related to the perspective that would consider them subjects of their own learning process and becoming professionals. This perspective is consistent with the valorization of health service users as subjects, which is related to humanization practices.

Subjects of the teaching-learning process: students and professors in learning the humanization of care

In the studied texts, conflicts, anguish and fear experienced by students in the first years of undergraduate programs are often related to situations such as closer relationships with patients/users, which include social conditions, enabled by current curricula that introduce students to reality early on. This early exposure may subject students to anxiogenic situations. The subjects 'death' and 'communicating bad news' for instance, are seldom discussed during education and there are no opportunities for students to expose their feelings without being criticized by other subjects involved in the teaching process, as the following excerpt shows:

The changes in current curricula, which encourage direct contact with patients from the beginning of the program, expose students to the anguish of experiencing ambiguity between the desire to save a patient and their limitations, whether these are technical, social or personal, very early on. It is perceived that there is a need for psychological support so students can cope with this new reality, which is not always effectively incorporated in official curricula⁽¹⁹⁾.

(...) despite the sensitivity shown, there are no opportunities during their academic education for students to share or express their feelings. They often have to hide such feelings, afraid of being *accused* of being too fragile, sensitive, *soft*, and thus, *not suited to be a physician*⁽²⁰⁾.

The analyzed texts also show that it is necessary for students to be embraced in their limitations, and have the opportunity to reflect on their feelings to ensure the development of their professional and personal maturity to become a whole being during the educational process. This idea is consonant with the profile of education proposed for undergraduate courses, which focuses not exclusively on technical professional education, but critical-reflective, ethical and citizenship-promoting education involving recognition of the role of the university as one of the social spaces directed to the training of people:

(...) it is essential that students are welcomed in their limitations and conflicts, are monitored in terms of promoting their personal and professional maturity, not focusing on the merely technical aspect of their profession, but also including the formation of citizens, human being, whose practice always has repercussions on the social and existential dimensions⁽²¹⁾.

(...) the democratic environment of a school where students are respected and considered as individuals and citizens provides greater possibilities for offering a type of experience to students that can decisively contribute to their development of moral competence (...)⁽⁷⁾.

In the daily routine, however, professors are also important subjects present in the relationships of students and can help them in situations, through welcoming and active listening, as well as the construction of interper-

sonal relationships, in democratic and inviting classrooms. It suggests that professors need not only master specific and pedagogical knowledge but also human postures.

The texts highlight the importance of educators in the construction and (de)construction of concepts and definitions established by students, sensitizing them to a humanized practice through their own postures and pedagogical actions, such as social practice, and the importance for educators to embrace students with their fears and insecurities:

Professors have an extremely important role and can mark the lives of students leading them to make a difference wherever they are. For that, professors have to leave traces of their humanity and human principles. If s/he undoubtedly believes, the student will also believe so⁽²²⁾.

(...) professors have a crucial role in (de)constructing concepts and classical definitions concerning madness, rethinking academic professional activities of future nurses; this activity is closely linked to their professional experience. Interviewed professors highlight the importance of sensitizing students, discussing their conceptions, helping them to rethink the context of health care⁽¹²⁾.

The ideas discussed in the preceding have the meaning of *what should be followed*, but only some considerations show, based on knowledge that is already constructed, elements that can facilitate the teaching-learning process in the classroom, through interpersonal relationships between professors and students. Recognizing the importance of this relationship and its construction based on supportive bases is essential if the purpose is learning *humanizing* care practices. There are no recipes for that, rather it is routine learning processed in each new inter-subjective meeting between professors and students.

CONCLUSION

Knowledge produced in papers from various fields is in general convergent and related to the current Brazilian Policy of Humanization. It is important that undergraduate health programs be based on the Brazilian Policy of Humanization and theoretical approximations with a view that goes beyond the understanding of the human being as an individual and the health-disease continuum to be limited to the biological dimension. Hence, understanding human beings as a historical-social construction is indicated in the studied texts, considering their subjective dimension as essential in health care.

Not all the studied texts make their concepts concerning the humanization of care clear. Such a fact makes us consider that one needs to be attentive and avoid idealization or trivialization of the term, since students need to develop some theoretical elements concerning the human being during the teaching-learning process, even if at an initial level, to enhance their critical-reflective view

and enable propositions of humanization of care that truly consider the essential principles of SUS, especially in relation to integrality.

In the same way that in the care practices and management of health, humanization is often difficult to understand and refers to complex issues, becoming more palpable when addressed as policy and action working in

interaction. The same occur in teaching practices: humanization is more than simply teaching content because it also involves complex aspects such as policies, philosophical educational references, curricula, faculty practices, and professional attitudes in the context of health and education. Finally, focusing on humanization as a *subject* to be taught in undergraduate programs in the health field within the context of SUS is still a challenge to be overcome.

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