

## **Perception of Hospitalized Users About Humanized Nursing Care in a Municipal Hospital of Itaituba, Pará-Brazil.**

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## **Abstract**

*Objective: to understand the perception of hospitalized users about humanized nursing care in a municipal hospital in Itaituba, Pará. Field study of exploratory and descriptive type of qualitative approach. Method and Procedures: The research was developed in a Municipal Hospital of Itaituba, Pará (HMI); 23 patients hospitalized in the medical and surgical clinic sector participated in the research. Data were collected by means of a semi-structured interview questionnaire made up of two parts: socioeconomic data from the survey participants and open questions on the perception of the hospitalized user about the humanized care received during hospitalization, which were collected using the saturation technique. The data analysis was performed using the Bardin technique. Results: 78% of the participants were female, 48% married, the prevailing age range was between 19 and 87 years old; 39% of the surveyed had incomplete primary education and 74% had income of up to one minimum wage. With the analysis of content three thematic categories emerged: "user perception of nursing care", "humanized care and its importance" and "evaluation and suggestions on nursing care". Conclusion: The great majority of participants of the survey showed to be satisfied with the care provided by nursing professionals, besides highlighting humanization as an important point for reestablishing health and highlighted the use of communication, attention and empathy for others as a factor of humanization*

**Keywords:** Nursing, Hospitalization, Humanization of Assistance, Nursing Care.

## **1. Introduction**

To humanize the attention is to care for the individual in its totality, repeating his dignity as a human being of value and acting according to his subjective needs in order to offer a resolute and quality assistance according to ethical assumptions, being necessary that the nurse redeems his human qualities for the exercise of his practice (OVIEDO *et al.*, 2020).

The hospital environment is surrounded by technological resources that take away the binomial nurse-client and affects the humanization of care. This scenario breaks down the person-environment relationship, hinders human relations and resigns to humanization as the locus of care. The professional needs to perform skills and abilities to overcome this widespread fragmentation, with supremacy of the technical approach and without sensitivity to deal humanely with the user (Joven & Guaqueta Parada, 2019) and (Lima *et al.*, 2018).

Even with evidence of the need for humanization in health care, the humanized care did not meet the satisfaction of users, professionals and managers due to insensitivity in the organization of work, isolated treatment imposed on the hospitalized client, the authoritarian model of management and wear of physical space and professional relations; for these and other reasons, in 2003 the National Policy of Humanization of Care and Management of the Unified Health System (SUS) (PNH / HumanizaSUS) was instituted, which values the various subjects throughout the process of health production as a way of

humanizing care (Caegari *et al.*, 2015).

Nursing professionals have the skills and scientific technical knowledge to provide care during care that should be used to achieve positive results and quality in the services provided, in order to standardize care with the user's needs and ensure suitability and effectiveness in the development of work (Santos *et al.*, 2019).

Therefore, it is necessary to know the perception of the hospitalized user about nursing care from the perspective of qualifying nursing care, because it is necessary to redirect the care, signing the commitment to maintain the dignity and uniqueness of the user, validating his considerations, thoughts and desires to differentiate the care from the simple performance of procedures offered to a human being worthy of attention, commitment and responsibility (Salviano *et al.*, 2016).

This research is based on the following guiding question: what is the perception of hospitalized patients about humanization and the care provided by the nursing staff in the hospital environment? and its general objective was to understand the perception of hospitalized users about humanized nursing care in a municipal hospital in Itaituba, Pará-Brazil, having as specific objectives : to outline the profile of the users served in the medical and surgical clinics sector and describe the perception of hospitalized patients about the humanized care provided by the nursing staff.

## **2.Method and Procedures**

### **2.1 Design Study**

This is a field of qualitative exploratory and descriptive approach.

### **2.2 Data collection and Study participants**

The study was conducted in a Municipal Public Hospital of Itaituba (HMI), which is the main hospital reference of care of the Unified Health System (SUS) in the city, designed to meet the services of Emergency and Emergency, medical and surgical clinics, pediatric, obstetrics and neonatal Intensive Care Unit.

The field research was developed in the medical and surgical clinic sectors of that hospital. This study was conducted with 23 users hospitalized in the medical and surgical clinic sector of the referred hospital in December 2019 who met the following inclusion criteria to participate in the research: be conscious and oriented, over 18 years of age, hospitalization time greater than twenty-four hours, sign the Free and Informed Consent Term and agree to participate in the research.

### **2.3 Survey instruments**

For data collection, the technique of saturation was used, which consists of an instrument used to establish or close the sample size and suspend the inclusion of new participants when the obtained data presents, in the evaluation of the researcher, a certain redundancy or repetition (Lima *et al.*, 2020).

To increase the accuracy and veracity of the data collected, a data collection instrument was used, represented by a semi-structured interview, previously prepared and reviewed by the authors, consisting of two parts: the first to characterize the socioeconomic profile of the survey participants: Civil status,

race, education, age, income, and gender; the second pervading seven open questions about the hospitalized user's perception of the humanized care received during hospitalization: "How do you perceive the care provided by the nursing staff?", "Do you know what humanized care is and how important it is?", "Do you believe that the care provided during your hospitalization is humanized? If so, why?", "Do you believe that humane care can help in your recovery?", "What suggestions would you make for humane care?", "Are nursing professionals interested in hearing what you have to say when asked about something?", "What is your assessment of nursing care?".

#### **2.4 Data analysis**

In the analysis of the data, the content analysis was used, allowing the construction of categories for the formation of the corpus of analysis, exposing the manifestations of the subjects about their feelings (Bauer & Gaskell, 2015).

Committed to the well-being of the participants and taking care to minimize the risks of the study, the researchers maintained the anonymity of the participating users, using pseudonyms such as P1, P2, P3 and so on in the order of the research to characterize the researched subjects.

#### **2.5 Ethical considerations**

The research was initiated after a favorable opinion from the Ethics Committee of a higher education institution in Belém, Pará, under the number 4,099,182 and CAAE 29450220,2,0000,5701. The subjects received information on the ethical aspects of the research, the voluntary participation, anonymity, the possibility of withdrawal without harm, risks and benefits and a copy of the Free and Informed Consent Term after signing, according to Resolution n. 466/2012 of the National Health Council.

### **3. Results**

#### **3.1 Characterization of the interviewees**

The interviews involved 23 patients who were hospitalized in the medical and surgical clinic sector of the Hospital Municipal de Itaituba (HMI), identified from E1 to E23. The study showed the prevalence of female individuals in 78% of cases, with 48% married, aged between 19 and 87 years. As for schooling, 39% of the interviewees had incomplete primary education. Regarding fixed income, 74% of the participants in the study received up to a minimum wage.

In order to organize the information of the study, after reading and rigorous analysis of the content of the testimonies collected, the results were grouped into three distinct categories: "user perception of nursing care", "humanized care and its importance" and "evaluation and suggestions on nursing care".

#### **Category 1: "User's perception of nursing care".**

As evidenced in the reports, in relation to user's perception of nursing care, it can be observed that the great majority of interviewees are satisfied with the care provided by nursing professionals:

*[...] "They take very good care of me, they give my medicine on time, they take care of us carefully, they*

*care about our comfort. I like to be taken care of and told words of strength and encouragement" (E8, E13, E23)*

*[...] "The service is excellent, they are all very helpful" (E12, E21)*

*[...] "Good, they say good morning, they are kind, they talk and pay attention" (E17)*

*[...] "I have nothing to complain about, all the professionals have taken me very well" (E3, E4, E5, E6, E7, E8, E9, E11, E14, E15, E16, E18, E19, E20, E22)*

However, some clients have controversial opinions about the care received, they consider that among nurses there are those who provide quality health care, but in some cases, the nurses do not meet the needs of the clients and they are treated with carelessness:

*[...] "There are some very good nurses, but there are also nurses who treat us very badly" (E1, E2, E10)*

### **Category 02: Humanized Service and its Importance**

When questioned about the importance of humanized care, in category 2, it was evident that the interviewees related humanized care as an important point for the reestablishment of health.

*[...] "Yes, a lot of people need help and attention so I think it's very important" (E05, E06)*

*[...] "Yes I think they have to take care of the patient very well because we are already sick and we deserve to be taken care of very carefully" (E7, E10, E11).*

*[...] "Yes she who sees the patient's need above her limitations, treats with education" (E2, E3, E20).*

In accordance with the above statements, it can be identified that clients perceive that the service provided is carried out in a humane manner. The relationship between the nursing team and the client is positive. Furthermore, it was found that communication is an essential tool for the quality of the services provided by the nursing team, as its use, as a work tool, enables the planning of actions according to the needs and characteristics of each client.

It should also be noted that among the findings of the research, it became evident that the knowledge of the term humanization on the part of some hospitalized people proved to be very vague. However, other reports highlight the satisfaction with the services provided related to the good evolution in the treatment received.

*[...] "I don't know that term well, but I know that when we are treated well, the evolution of the treatment is better" (E4, E13)*

*[...] "I can't tell what humanized care is" (E8, E9, E14, E15, E16, E17, E19, E21, E22).*

### **Category 03: Evaluation and suggestions related to nursing care**

The speeches found in category 03 showed that most patients positively evaluate the care received by the nursing team during their stay, however, some emphasize that there are factors related to the team and the work environment of professionals that may affect the care with excellence. In addition, clients consider

the adoption of affectionate behavior that shows concern for their needs and feelings to be a key element in making the service provided even more humane. Such evidence can be found in the following statements:

[...] "Note 10, excellent (E2, E4, E5, E6, E12, E13, E15, E16, E18, E19, E20, E21, E22)

[...] "Average score, why does the care need to talk more" (E8, E9, E14, E23).

[...] "You need to improve, because only one has to take care of many and ends up not realizing it" (E11)

[...] "Note 7.0, regular service in front of structures and workload" (E17)

[...] "I don't think they give a damn about the patient, they don't care" (E1)

[...] "For me they continue the way they are, treat the patient with love, ask how we feel. Use communication to help us" (E10, E8, E9)

[...] "to keep the service at the right times, respecting the schedules" (E11, E13)

[...] "I suggest that you continue to be careful, don't take the problems out of the patient and continue to be considerate" (E12)

#### **4. Discussion**

A study conducted with the objective of analyzing the client's perception of the immediate preoperative and transoperative care in the surgical center, showed the client's satisfaction related to the assistance and psychological support provided by the nursing team, through the reception and creation of a link (Souza *et al.*, 2019).

Similar results were found in a cross-sectional exploratory descriptive study carried out in two hospital institutions in the interior of the state of São Paulo, in which they identified that the patients in both investigated institutions were also satisfied with the care provided by the nursing team (Martins & Perroca, 2017).

In another survey conducted in the medical clinic of wards A and B in a university hospital in São Luiz do Maranhão, it also found positive results regarding the care received by clients during the period in which they were hospitalized (Santos *et al.*, 2017).

It is also reaffirmed that the evaluation process aimed at the user is an efficient strategy, since the qualified listening of professionals on the quality of care provided can serve as a basis for the implementation of new working methods in which the services always result in a good service (Souza *et al.*, 2014).

Unlike the results of this study, a survey conducted at a Campos dos Goytacazes Municipal Hospital found that clients have some dissatisfactions with the services provided by the nursing team. Among the dissatisfactions, impatience, lack of understanding and efficiency in problem solving stand out (Inácio *et al.*, 2013).

It can be observed that the presence of the nursing professional in the hospital environment is of fundamental importance, since the activities developed by him/her are based on scientific knowledge, ability, intuition, critical thinking and creativity and accompanied by behaviors and attitudes of care in order to promote, maintain and/or recover the quality of life of users (Balduino *et al.*, 2009).

It is known that the interaction between the team's professionals can cause conflict and hinder the service, so to better meet the health needs it is necessary to have team work in order to organize the practices to ensure comprehensiveness, quality of health care, user and professional satisfaction. (Souza *et al.*, 2016). User satisfaction is related to the quality of care provided and meeting the demands and desires of customers when using the service that is permeated through the pleasant link that the institution establishes with its users, in addition to establishing quality standards, positively evaluated by customers. (Santos *et al.*, 2017).

Patient satisfaction corresponds to their expectations regarding the service they expect to receive and the perception of the care already received, therefore the evaluation of care from the patient's point of view not only allows them to measure their satisfaction, but also offers the opportunity to identify and alleviate the fragility of the care in order to qualify the care provided (Vieira, 2019).

Considering the user's perception and participation in health care influences decision making in a guided and informed manner, including the active action of the client in the decision making of the care, including the safety and effectiveness of this care, with active participation and reorientation in the concepts of health care (Figueiredo, 2019).

In the context of the relationship between the nurse-user diary, it is necessary to create bonds, establishing relationships of trust that meet the expectations of users who need more humane interventions in addition to technical care and treatment on the disease, in order to transmit safety, trust with the use of affectionate gestures, attention and respect (Borges *et al.*, 2017).

Among the speeches, one important element of humane care is communication. The action of communicating needs to cover more than the simple use of words, it needs an attentive look, a qualified listening and an adequate posture. It is true that hospital environments influence the quality of therapeutic communication, being a challenge for effective care, but the nurse needs to overcome these difficulties in order to effective communication (Branco *et al.*, 2016).

Effecting communication by the nursing team is very important, because these professionals perceive a high workload in the care of users, so the use of this instrument enables a general and quality care. (Hey *et al.*, 2016). In addition, providing qualified listening to the user in a hospital environment, provides the systematization of an effective, dynamic and resolute care (Borges *et al.*, 2017).

The humanization of health services must rely on tools such as the qualification of listening to favor the interpersonal relationship between nurse and user, directing this action to improve care and provide beneficial changes in the solidification of bonds, reorganizing the service, reorienting attention to the user as the center of care and active in this process (Costa *et al.*, 2016).

Based on the reports of qualified listening as a process transformed in social relations and which is a mechanism of humanization, it appears that to be effective, a joint action of the nursing team is necessary to meet the demands of the users, seeking to strengthen the bond, resignifying the daily systematization of care and overcome the barriers that interfere in co-responsible and participatory care (Silva *et al.*, 2017).

These factors together contribute to the focus of the assistance becoming technical, and by emphasizing the fulfillment of tasks at the expense of the human aspects of care, communication ends up being limited to a superficial interaction (Bezerra *et al.*, 2017).

Hospitalization is a new process to the reality of the user, family members and their companions; it is seen as something unpleasant, because it involves the rupture of their usual daily life and recreates a new reality with different conformities for the full exercise of their citizenship, either by hospitalization itself and/or by removing the important elements of their life (Proença&Agnolo, 2011). Such findings were also highlighted in this research.

This moment of human fragility can trigger negative emotional reactions marked by feelings such as denial of the disease, anger, guilt, feelings of punishment, anxiety, depression, loneliness and emotional regression that can be projected on the team providing the care, with a demonstration of dissatisfaction with the care received even though it is done properly (Santos *et al.*, 2018).

Another important point is that when questioned about suggestions directed to the team for improvements in the care emerges in the speech the desire to receive a care that aggregates affective elements that in the perception of the patient are the basis for a human care, such as love and concern of the professional in knowing about their feelings, the execution of care at the correct times and compassionate attitude of the professional.

The incorporation of humanization into nursing care is related to the implementation of measures to improve the satisfaction of users by their perception of health and through the reflection of professional practice, based on respect, trust and dignity. Humanized care is geared to the subjective needs of users, based on their totality and through an interrelationship between users and professionals (Anguita *et al.*, 2019).

## 5. Conclusion

This survey showed the prevalence of female individuals in 78% of cases, with 48% married, aged between 19 and 87 years. As for schooling, 39% of the interviewees had incomplete primary education. Regarding fixed income, 74% of the participants in the study received up to a minimum wage.

The perception of clients about nursing care, the vast majority of participants in the survey showed that they were satisfied with the care provided by nursing professionals, **the authors of this survey also identified that humanized care is** an essential tool for hospitalized client care and demands from nursing professionals a series of skills in order to provide care that integrates all the needs and desires of clients.

As for the importance of humanized care, it was evident that the interviewees related humanization as an important point for the reestablishment of health. Furthermore, they consider that the care offered by nursing professionals is carried out in a humanized manner.

Regarding evaluation and suggestions related to nursing care, most clients positively evaluated the care received by the nursing team during their period of hospitalization. In addition, among the suggestions for improvement in care, the use of communication, attention and empathy for others were highlighted.

It was found that communication is an essential tool for the quality of services performed by the nursing team, as its use, as a work tool, enables the planning of actions according to the needs and characteristics of each client.

It is hoped that the results of this study will serve as a basis for the promotion of strategies to improve the



quality of nursing care and thus reduce the fragility of the care provided.

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