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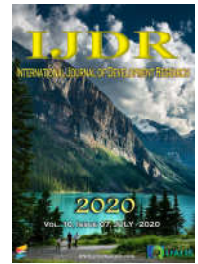
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HUMANIZATION OF NURSING CARE IN THE SURGICAL CENTER: CHALLENGES IN ITS APPLICATION

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ABSTRACT

It is an integrative review of literature carried out in the databases BVS, LILACS, BDNF and SciELO, through the descriptors: patient safety; surgical nursing; surgery Center; perioperative nursing and nursing care. The objective of this study is to analyze the current scientific evidence regarding the practice of nurses in promoting the safety of the surgical patient that enables safe care with less occurrence of potentially preventable damages. For the definition of the sample for analysis, the following were used as eligibility criteria: full text, free access, main subject of patient safety, surgical nursing, surgical center, published in English or Portuguese between 2009 and 2019. The sample was composed of 20 studies. Data analysis demonstrated the importance of the role played by the nurse of the surgical center in patient safety, mainly in reducing errors and consequently avoidable damages to patients. For this, it was considered that the Safe Surgery Protocol is essential for the prevention of surgical errors and should be present in the daily routine of all teams, however, this has been underutilized, being a daily challenge of nursing its application.

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INTRODUCTION

The hospital environment can cause the patient to experience feelings such as loneliness, non-social belonging, family distance and insecurity. In this sense, the Surgical Center (SC), considered as a restricted and critical area, with specific physical and functional structure, furniture that is different from the other areas, where professionals use specific clothing and perform assistance related to the users' lives, which can raise with greater emphasis on negative feelings (GIRON; BERARDINELLI; ESPÍRITO-SANTO, 2013). The surgical procedure is characterized as a stressful factor that results in countless uncertainties for the individual, resulting in a variety of internal conflicts, bringing structural and functional changes to his body as consequences. Negative feelings are intensified as the surgery approaches and can potentially be aggravated when a satisfactory and resolute reception is not performed during the perioperative period (BARBOSA; TERRA; CARVALHO, 2014).

These situations are experienced throughout the care process, however, they have a greater emphasis on the admission of the SC due to the lack of adequate assistance, accentuated by the lack of receptive attitudes of the professionals, making the patient feel deprived of his needs. Therefore, humanized care for surgical patients is essential considering their individualities, in order to strengthen their perception of safety, self-esteem and emotional integrity within their biopsychosocial sphere (GIRON; BERARDINELLI; ESPÍRITO-SANTO, 2013; BARBOSA; TERRA; CARVALHO, 2014). Humanized care allows the valorization of the human essence for effective assistance, considering the nuances that permeate the development of the individual. Its use is related to the quality and offer of the care provided, as well as, it highlights the set of initiatives aimed at the production of health care capable of reconciling the best available technology with the production of welcoming and respect for human beings, valuing ethics and applied technical knowledge (BARBOSA; TERRA; CARVALHO, 2014; OLIVEIRA JUNIOR; MORAES; MARQUES NETO, 2012). The reflections about humanization in the health area,

culminated in the formulation of the National Humanization Policy (PNH) that permeates different actions and instances of the Unified Health System (SUS), implemented through the HumanizaSUS Program. In line with the levels of assistance, in the intra-hospital scope, in 2001 the National Program for the Humanization of Hospital Assistance (PNHAH) was implemented, which aimed to improve the care for the user and the professional, with emphasis on patient care in its entirety (GIRON; BERARDINELLI; ESPÍRITO-SANTO, 2013; BARBOSA; TERRA; CARVALHO, 2014). Considering the aspects related to the surgical client, it is worth highlighting that it is in the preoperative period that welcoming is most important, when considering an active listening about the feelings of fear, anguish and anxiety in association with the procedure and the surgical environment. Thus, when preoperative guidance is carried out effectively, it can promote the reduction of anxiety effects and improve the individual's physiological responses, before, during and after surgery (BARBOSA; TERRA; CARVALHO, 2014). Therefore, this article aims to analyze scientific productions in the field of nursing about humanization in nursing care in SC, based on the following guiding question "what are the current scientific evidences regarding humanized nursing care in SC and their relationship with the best patient? ".

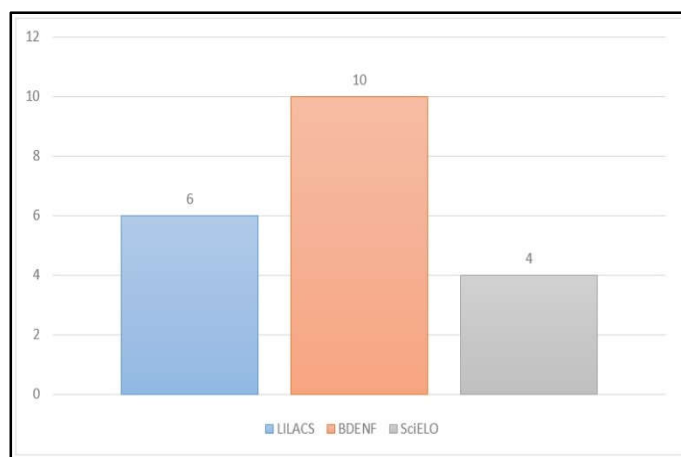
METHODOLOGY

It is an exploratory and descriptive study, of the type integrative literature review, being considered of great value to the practice of Nursing because it allows the search for scientific knowledge in order to promote improvement in a daily situation. The integrative review synthesizes results of previous research already carried out, and shows, above all, the conclusions of the literature corpus on a specific phenomenon, therefore, comprises all studies related to the guiding question that guides the search for this literature. The methodological path that guided this research is described by Souza, Silva and Carvalho (2010), which are: 1 - selection of the hypotheses or questions for the review; 2 - establishment of criteria for sample selection; 3 - presentation of the characteristics of primary research; 4 - data analysis; 5 - performance of results interpretation; and finally, 6 - presentation of the review. The literature search was carried out between March and May 2019, at the Virtual Health Library (VHL), considering the bases: Nursing Database (BDENF), Latin American and Caribbean Literature in Life Sciences Health (LILACS); and in the Scientific Electronic Electronic Library Online (SCIELO) Virtual Library, using the descriptors: perioperative nursing, nursing, surgical center, humanization of assistance, reception. The search for the studies was carried out by combining the descriptors, interspersed by the Boolean operator AND, with which two combinations were performed. The following eligibility criteria were considered: full texts, in the format of a scientific article, available electronically and free of charge, published between 2000 and 2019, in periodicals, such as field research, case report, experience report, revisions, in Portuguese and English. Duplicate studies were excluded, those whose production was located in fields other than the researched one, those that did not correspond to the objective of the research, paid productions, thesis works, dissertation and monograph. To collect the information, an instrument was constructed containing the following information: title, authors, periodical (scientific journal), abstract, descriptors, type of research, objectives, main results and final considerations. And for its analysis, the articles were read and

re-read in full, interpretation of the findings and presentation of the results in the form of graphs, charts and tables, in addition to the division of the material into thematic categories.

RESULTS

Among the findings, described in Graph 1, the library that presented the largest number of publications was BDENF, with 10 (50%) of the studies, considering that the research was directed to humanized nursing care. However, despite the number of articles found, it is worth mentioning that the publications present here are mostly the only ones presented on the platform of the Virtual Health Library and SciELO, considering that a good portion of the publications are not available in full from free of charge.



Source: research data, 2020.

Graphic 1. Number of articles by bases and libraries analyzed. João Pessoa-PB, 2020 (n=20)

For the characterization of the studies, the variables were collected as described in the methodology through a checklist and these were separated by articles and presented in Table 1. The studies were carried out by several different authors, who investigated humanized nursing care, as well as hosting during the entire perioperative period.

Regarding the analyzed journals, it is important to mention that Revista SOBECC was the one that obtained the largest number of publications on the subject under study, totaling 6 (30%) documents. As for the year of publication, this varied from 2005 to 2018, with the year 2014 concentrating the largest number of publications on humanization in the operating room with 5 (25%) studies, followed by the years 2010, 2013, 2016 and 2017, all with 2 (10%) publications. Despite the use of 20 years of spectrum for research on these publications, it is possible to note that it was only after 2005 that studies on the theme were able to be present in the academic environment. This is possibly associated with issues related to the hospital humanization policy, which started in the 2000s.

DISCUSSION

After characterizing the studies found, each of them was read in full. From the reading, two thematic categories were chosen: CT1 - Reception in the operating room and the relationship with the nursing team; CT2 - Challenges for the humanization of nursing care in the SC.

Table 1. Description of authors, titles and objectives of sample articles. João Pessoa-PB, 2020 (n=20).

N	Authors	Title	Objective
1	Almeida; Jardim	Dificuldades da assistência de enfermagem ao paciente pediátrico no pós-operatório imediato	Identificar as dificuldades da equipe de enfermagem na assistência pós-operatória ao paciente pediátrico
2	Anastácio; Souza; Aquino	Humanização do cuidado à criança em unidade de recuperação pós-anestésica	Analisar a permanência do familiar junto à criança na Unidade de Recuperação Pós-Anestésica (RPA)
3	Barbosa; Terra; Carvalho	Humanização da assistência médica e de enfermagem ao paciente no perioperatório em um hospital universitário	Identificar os sentimentos vividos no período perioperatório, verificar a existência das orientações pré-operatórias e a satisfação dos pacientes quanto à assistência prestada
4	Barlemet <i>et al.</i>	Comunicação como instrumento de humanização do cuidado de enfermagem: experiências em unidade de terapia intensiva	Conhecer como pacientes perceberam o processo de comunicação implementado pela equipe de enfermagem, identificar quais as percepções sobre os cuidados prestados pela equipe de enfermagem e situações vivenciadas neste ambiente relacionadas ao processo de comunicação
5	Caitano <i>et al.</i>	Música durante o transoperatório: concepção de profissionais e pacientes	Conhecer a concepção dos pacientes e profissionais quanto aos efeitos terapêuticos da música durante o transoperatório; Identificar qual estilo musical os profissionais utilizam nas cirurgias.
6	Caverzanet <i>et al.</i>	Humanização no processo de informações prestadas aos acompanhantes dos pacientes cirúrgicos	Investigar as informações prestadas aos acompanhantes dos pacientes cirúrgicos
7	Giron; Berardinelli; Espírito Santo	O acolhimento no centro cirúrgico na perspectiva do usuário e a política nacional de humanização	Analisar as expectativas e experiências dos usuários do Sistema Único de Saúde no acolhimento do centro cirúrgico.
8	Carrillo-González; Lorduy-Gómez; Muñoz-Baldiris	Profesional de instrumentación quirúrgica frente a la aplicación de los principios y valores bioéticos de acuerdo con la ley de talento humano en salud en Colombia	Determinar el conocimiento del instrumental quirúrgico frente a los principios y valores bioéticos según la Ley 1164 de 2007
9	Kikuti; Turrini	Humanização do cuidado em centro cirúrgico: revisão da literatura latinoamericana de 1990 a 2000.	Identificar os aspectos mais comuns da humanização dos cuidados ao paciente cirúrgico no período perioperatório encontrados nas publicações científicas da enfermagem
10	Marinelo; Jardim.	Estratégias lúdicas na assistência ao paciente pediátrico: aplicabilidade ao ambiente cirúrgico	Realizar um levantamento das estratégias de humanização utilizadas pela equipe de saúde com o paciente pediátrico no contexto hospitalar, e apontar a aplicabilidade dessas técnicas ao bloco cirúrgico
11	Mendonça <i>et al.</i>	Concepções de técnicos de enfermagem acerca da humanização da assistência em centro cirúrgico	compreender o conhecimento de técnicos de enfermagem acerca do cuidado humanizado ao paciente no intraoperatório
12	Nascimento <i>et al.</i>	Cuidar integral da equipe multiprofissional: discurso de mulheres em pré-operatório de mastectomia	Investigar a atuação da equipe multiprofissional, no que tange a preparação de mulheres em pré-operatório de mastectomia
13	Oliveira <i>et al.</i>	Dificuldades enfrentadas por enfermeiros na assistência prestada ao idoso acometido por fratura de fêmur	Analisar as dificuldades enfrentadas por enfermeiros na assistência prestada ao idoso acometido por fratura de fêmur em um hospital referência em traumatologia.
14	Oliveira Junior; Moraes; Marques Neto	Humanização no centro cirúrgico: a percepção do técnico de enfermagem	Analisar a percepção dos técnicos de enfermagem em relação à humanização no Centro Cirúrgico (CC).
15	Recheset <i>et al.</i>	Cuidados da equipe de enfermagem com a exposição do corpo do cliente no período transoperatório	Investigar os cuidados da equipe de enfermagem com a exposição do corpo do cliente no período transoperatório
16	Santos; Silva; Gomes	Conhecendo as formas de cuidar dos enfermeiros de centro cirúrgico – uma construção a partir da teoria fundamentada nos dados	Identificar as formas de cuidar do enfermeiro de centro cirúrgico e descrever a influência do contexto para sua realização
17	Silva <i>et al.</i>	Humanização da assistência de enfermagem no centro cirúrgico	Compreender e descrever sobre os cuidados da enfermagem no processo da assistência prestada, visando o completo bem estar, físico, psico e social do paciente.
18	Silva <i>et al.</i>	Humanização no transporte do paciente cirúrgico	Verificar as ações da equipe de transporte, para promoção da humanização durante a transferência do cliente para o centro cirúrgico e identificar as ações que promovem humanização
19	Souza Júnior <i>et al.</i>	O acolhimento de idosos no pré-operatório num centro cirúrgico: um relato de experiência	Relatar o acolhimentos dos idosos em um centro cirúrgico pela equipe de enfermagem
20	Stummet <i>et al.</i>	Ações do enfermeiro na recepção do paciente em centro cirúrgico	Identificar as ações do enfermeiro na recepção de pacientes no centro cirúrgico de três hospitais da região noroeste do Estado do Rio Grande do Sul

Source: research data, 2020.

The reception in the operating room and the relationship with the nursing team: Performing a reception in the operating room requires a lot of attention from the professionals, especially the nurse, who is the individual responsible for admitting the patient to the environment. This activity must be carried out safely and requires the professional to pay close attention when checking the records. This is due to the fact that the surgical experience is different for each patient. Almeida and Jardim (2012) show that the surgical experience is sometimes traumatic and stressful for the user, and this is even more aggravating when it comes to a child.

In the case of pediatric patients, the nursing team must welcome their family members in a humanized way, in order to minimize the difficulties faced with the emotional barrier, providing the child with a better postoperative period. For the patient, the SC sector is endowed with a certain obscurity, the individual feels alone and frightened by the presence of unknown equipment or machines, professionals wear uniforms, hats and masks, which creates a feeling of impersonality. In addition, the expectation of undergoing surgery creates tension and embarrassment (MENDONÇA *et al.*, 2016). Therefore, the surgical patient must be welcomed throughout his perioperative period, that is, from the reception

at the surgical clinic in the preoperative period, through his stay in the surgical center and URPA, until his discharge from the hospital unit. Humanized care is essential at these times, since the patient becomes dependent on other people and needs to have their needs met, needs affection and respect. At that moment, attention and guidance about the surgical procedure becomes essential (BARBOSA; TERRA; CARVALHO, 2014). The Perioperative Nursing Care Systematization (PNCS) offers benefits to the patient, in addition to offering safety related to the surgical procedure for patients and professionals. On the other hand, despite this, it is observed that PNCS is not practiced in its entirety due to institutional philosophies that value little the patient and the performance of nursing (KIKUTI; TURRINI, 2004). Mendonça *et al* (2016) reinforce that in order to provide humanized nursing care directed to each patient, it must be understood that the user becomes an active participant in the process he is going through, so that he understands that he will not face everything alone. Therefore, the nursing team needs to be attentive to the patient as a whole, and not only to the anesthetic-surgical procedure. Simple attitudes should be valued, such as the act of holding the patient's hand during the anesthetic act.

Challenges for the humanization of nursing care in the SC:

Countless are the challenges faced by nursing in its most varied routines and hospital environments. The studies found raised several difficulties to provide the humanization of nursing care to surgical patients. Regarding nursing care in the SC, Kikuti and Turrini (2004) show that the nursing activity in the SC is very bureaucratic and routine, so the patient is often treated coldly, with indifference, being treated by the name of the procedure and not by who he really is. Other situations such as conversations between teams about trivial events, disrespect for modesty, comments about the patient at the time of surgery, among others, are unnecessary situations and infringe on human dignity. Associated with these difficulties, nursing care can still be weakened due to the number of professionals within the surgical environment. Sometimes only one nurse is found to manage the operating room, the anesthetic recovery unit and the materials and sterilization center. This work overload and the number of tasks that the nurse must perform ends up generating a great demand and he is unable to perform the PNCS properly (CROSSETTI, 2012). In a survey conducted by Mendonça *et al* (2016), participants were asked about the humanized practice of nursing. These reported that the lack of time within the SC is a major obstacle to the practice of humanized care. The absence of time is attributed to the work dynamics within the block, where the time between one procedure and the other is very short, thus requiring the team to carry out that activity in a timely manner so as not to interfere with the scheduled surgeries and their schedules. Furthermore, the insufficient number of professionals, the bureaucratic activities and the work demands coming from medical professionals, make it impossible to provide assistance as nursing would like to do in the SC. Other challenges are related to the public served, sometimes children, now elderly, now adults. This differentiation between age groups is also a challenge for nursing. Often the professional on duty has no affinity with the pediatric public and ends up receiving a child to undergo surgery, in contrast, others do not show empathy for the elderly, often bedridden and who needs strength and management towards them. In addition, the team has to deal with family members and provide all necessary emotional support, an activity that sometimes is not possible to be

performed, since nursing is focused on managerial, bureaucratic and assistance activities (OLIVEIRA JUNIOR; MORAES; MARQUES NETO, 2012). Thus, it is possible to note that care practices in the operating room often do not show adherence to the National Humanization Policy and welcoming individuals, in view of all these and other difficulties encountered in the service. Thus, during the day to day, the reception of the subjects remains without questioning the patient's demands in the immediate preoperative moment or not (GIRON; BERARDINELLI; ESPÍRITO-SANTO, 2013).

Final Considerations

Humanized nursing care has already been widespread in all areas of performance and experience of the class. However, not all locations can observe the PNH being applied as it should, and this is due to several factors inherent to the environment and the team of professionals involved. From the present study it was possible to analyze the scientific productions about the humanization of nursing in the operating room and the challenges found for such practice. The findings were surprising but reflect a reality that many do not want to accept. The reception and humanization of nursing care are linked to the training of nurses. This professional is responsible for caring for the patient and is the one who stays closest to him and his family for the longest time. In the surgical environment, this practice should not be differentiated. On the other hand, it was found that nursing professionals in the SC encounter the bureaucratic and management processes of the work environment, in addition to the mechanization of nursing care provided to the patient. These and other problems that happen are often related to institutional policy, such as the issue of insufficient number of nursing professionals within the SC to handle the numerous surgeries scheduled or not, as well as also depending on the autonomy given to the nurse to perform a procedure adequate assistance to the surgical patient. It is known that the surgical environment generates countless expectations for the user and their family members and that, for this reason, they need differentiated assistance, with humanized reception being a differential and this is sometimes performed by nurses, professionals responsible for admitting patients in the surgical environment. Therefore, despite the difficulties faced by the nursing class to perform this activity, it is necessary for hospital managers to have a detailed look at this very important process, and that once performed it can minimize the occurrence of risks in the surgical procedure, thus humanizing it is not just listening, but it provides security to the patient and the surgical team.

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