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RESEARCH ARTICLE

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HUMANIZATION IN EMERGENCY AND EMERGENCY SERVICES: AN ANALYSIS OF NURSING'S PERFORMANCE

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ABSTRACT

The process of humanization has several aspects regarding nursing care. It understands the relationship between professional and patient in which there is a bond of care moved by ethical and human attitudes that are associated with the quality of care provided. To investigate the humanization provided by nursing in the care of patients in emergency situations is not something easy, requires a holistic reflection of the whole interpersonal humanistic process in these environments. Thus, this study aimed to analyze the performance of nursing professionals with regard to humanized and systematic care in emergency and emergency services. To this end, we used an integrative type of bibliographic research using the LILACS, Scielo and BDENF databases, making a time cut from 2014 to 2020, in Portuguese and foreign languages, which will be translated for its best interpretation. Observing the various literature studied, the main dilemmas encountered by nurses for insertion of humanized care in the emergency and emergency services are related to the situation of immediate care that causes a difficulty in dialogue with the patient, they also report an exhaustive routine whose remuneration does not match the responsibility of the work provided, however, all recognize the importance of humanized care for improving the condition of patients. It is perceived that it is essential not only the humanization of the assistance, but also the professional nurse, because it is he who maintains direct contact with the patient since the classification of risk until the admission of the patient. Therefore, the nursing assistance based on the humanization is indispensable for the maintenance of specific cares for each patient, being necessary that the public politics directed toward the subject, are, each time more, put in practice.

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INTRODUCTION

The history of nursing starts in a contradictory context, where pathologies were seen as divine punishment, in which patients were cared for by prostitutes seeking purification or by religious women with the purpose of doing charity. Over the years, this context has undergone several changes, mainly after the professionalization of nursing in the mid-19th century, through the manuscripts of Florence

Nightingale. However, even with its recognition, as a science, the profession is still regarded as the "art of care" and the need for direct contact with the patient (DIAS & DIAS, 2019), always cherishing their well-being. Thus, humanization in care has been gaining strength in the most diverse nursing specialties, including urgent and emergency services (CHERNICHARO, SILVA & FERREIRA, 2014). For a better implantation of humanized assistance, the National Program and Humanization of Hospital Assistance (PNHAH) was created in the 21st century, which provided support

for the implantation of the National Humanization Plan (PNH), in 2003, which supported the spread of humanization. in the hospital environment (EVANGELISTA et al., 2016). Urgent and emergency nursing services are those in which there is an immediate need for assistance. The two terms are of great relevance for the classification of care, while the first is a process in which there is no imminent risk of death, the second presents this evident risk, having to be treated more quickly, however, nothing prevents the first, if not treated in a timely manner, evolve into more serious complications (GIGLIO-JACQUEMOT, 2005). Thus, urgent and emergency services must work quickly and immediately, which requires a team prepared for the effectiveness of the assistance provided. The Ministry of Health (2010) defines humanization as a series of values, actions, techniques and behaviors based on the principles of the PNH that seeks to promote the quality of the relationship between patients and the health team, realizing the rights of each citizen through the valorization the particularities of each service. Prestar uma assistência humanizada, além de ser uma recomendação do Ministério da Saúde, é fundamental para o melhor acolhimento do paciente, além de fortalecer o trabalho em equipe, estimulando a transdisciplinaridade e o trabalho em grupo. Humanizar é prestar um atendimento com qualidade que possibilite conciliar as novas tecnologias ao acolhimento adequado dos pacientes.

Humanized assistance in urgent and emergency services requires prior preparation, as it requires a series of skills on the part of the entire team involved. As the patient's first contact, it is up to the nurse to receive him properly, taking into account the principles of care, having the responsibility to listen to the patient and guide him according to his needs (SIQUEIRA, 2019). The environment for providing urgent and emergency care is a busy place, where everyone works to attend as soon as possible, which often causes the provision of critical and incomplete care, where the patient is not seen as a person, but, yes, as another one who is at risk of death. In view of this scenario of agitation and full of hard technologies and repetitive work, concerns about the issue of humanization always arise, especially when it comes to the professional nurse. In order to develop this study, it was outlined as a research problem: what are the difficulties encountered by nursing professionals to implement humanized assistance in urgent and emergency services? How can urgent and emergency services interfere in the humanization process? To achieve such an answer, the general objective of the study was outlined: to analyze the evidence of research carried out on humanization in urgent and emergency care, in view of their contributions to nursing care and to identify the difficulties encountered by these professionals for the implantation of humanized service. For a better understanding of the content and scope of the proposed objectives, this study used an integrative literature review that sought works published on the basis of health databases that contained the proposed theme. The main objective of a bibliographic review search is to accumulate knowledge on a subject, in order to substantiate a significant study, being considered one of the best ways to start a study with articles, looking for similarities and differences on a given subject (SOUSA ET AL., 2017).

Development: The term humanization is the act of humanizing, of becoming human in the sense of becoming benevolent and affable. In post-modernity, this term has gained strength through movements of resumption of forgotten or lost human values over the years (CHERNICHARO, SILVA & FERREIRA, 2014). According to Mendes (2013, p.14) "Humanization is understood as humane, kind, humanitarian nature, which has the same sense of humanity, which included benevolence, clemency, compassion". However, these humanizing values need to be worked on continuously, as the man, when going through certain situations, over the years, can break down and lose the emotional bond with the other, making the humanization process more difficult. With regard to assistance, the term humanize goes far beyond the real meaning of the word, it is an objective to be achieved whose purpose is to value care taking into account the particularities of each patient, their emotional aspects, making relationships more humanized (MENDES, 2013). Humanizing care is being responsible for their actions, it is recovering the importance of

emotional aspects, which are important parts of physical aspects, it is understanding each patient according to their singularities, it is supporting the other in a supportive way, in order to make that patient lighter moment, positively interfering in the patient's condition. The increasing dilemmas about the humanization of assistance in health services have awakened professionals to the importance of providing quality care to users of health services. In order to carry out humanized assistance in health services, mainly in the hospital network, the Ministry of Health created the National Program for the Humanization of Hospital Assistance (PNHAH) in 2000 as a proposal to carry out "integrated actions that aim to substantially change the standard of assistance to users in public hospitals in Brazil, improving the quality and effectiveness of the services currently provided by these institutions", which three years later culminated in the creation of the National Humanization Policy that brings a more complete concept seeking to put into practice the principles of SUS in the daily routine of health services, producing significant changes in the ways of managing and caring, equipe trabalhe em conjunto, com um só objetivo, o bem-estar do paciente (BRASIL, 2013). Within the hospital reality, several factors can interfere in the execution of care in a humanized way, such as the excess of patients, structures that do not offer enough support, lack of human resources and / or maladjustments in their dimensioning, insufficient material resources and lack of interaction between the team (SOUSA ET AL., 2019).

Most studies demonstrate some of these factors related to the inadequacy of assistance to the National Humanization Plan, such as Buriola et al. (2016) who reports that the biggest problems for humanized care are related to issues related to the articulation of the service network, the structure and the multidisciplinary team. The nurse does not act alone and is one of the main responsible for the organization of the sector in which he works, he is an important part of the multiprofessional team collaborating from planning to the practice of the recommendations of health programs. The nurse is the direct link with the patient, and it is up to him to discern what is best for this, always cherishing humanized care. Silva & Silveira (2011, p. 2) affirm that "humanized care brings better recovery conditions for users, and nurses must become active in this practice, as it will provide numerous benefits". The organization of the place so that it becomes a humanized environment is fundamental for the nurse to work in a humanized way too, being necessary its preparation from his academic training to professional practice, so that he is able to work in a way that values and respect the whole team (SOUSA ET AL., 2019). The environment of assistance to urgencies and emergencies are favorable places for chaos, it is also the gateway for patients in serious situations, and humanized assistance in these places is essential, mainly by the nurse, who is the link between patient, family and hospital unit.

METHODOLOGY

The present study is by secondary sources an exploratory bibliographic review with a qualitative approach, based on the precepts of Lakatos and Marconi (2001), in which it characterizes the bibliographic research in a comprehensive way, as all the literature already published related to the subject of study, with the to bring the researcher closer to everything that has already been said or written about a particular object of study. Bibliographic research implies that the necessary data and information are obtained from the survey of specialized authors through books, scientific articles and specialized magazines, among other sources (LAKATOS, 2001). The proposed theme for this bibliographic review is the clinical, legal, and family aspects of nursing care at CAPS do Brasil. To this end, we sought to separate the methodological process into stages. The study area covered materials published in the electronic databases Scientific Electronic Library Online (Scielo), Latin American and Caribbean Literature in Health Sciences (LILACS), Virtual Library of the Ministry of Health (BVSMS) and University Magazines Nationals, in addition to this, publications from the Ministry of Health were also used. The population involved in the study consisted of scientific articles, periodicals and books. The selected sample of these articles,

numbering 20, occurred from the descriptors on health, nursing, mental health, the single health system. The number of 09 books all as a source or virtual libraries of the Ministry of Health, totaling a sample of 29 publications. The bibliographic survey was restricted to publications from 1990 to 2017. Published in Brazilian Portuguese. An exploratory reading of all collected material was adopted, reaching and making the necessary adjustments to meet the research criteria. Soon after, the essential parts were selected, that is, those that had the fundamental information of the research. In this step, an analytical reading was carried out with the purpose of ordering and summarizing the information contained in the researched sources, in order to facilitate the use of the information to answer the research problem and achieve the objectives proposed at the beginning of the study. As well as the relevance, coherence and differences of thoughts and criticisms related to the theme were observed, making it easier to discuss the results.

Final Considerations

The humanization theme involves several issues and dilemmas, ranging from the implementation of humanization programs in the most varied sectors to aspects related to professional performance and changes in interpersonal relationships between staff and patients. Thus, it is necessary to understand the theme in its breadth and complexity, encompassing the characteristics of different subjects. Care in urgent and emergency units should be done immediately so that it does not aggravate the patient's condition or even cause the patient's death, therefore, it is necessary that these actions are performed by trained people, who seek the best way to satisfy the wishes of patients. In addition to the routine and technical procedures performed in these cases, it is also essential that health professionals, especially nurses, try to provide care in a welcoming manner, maintaining affection for the patient. However, it is known that humanizing in urgent and emergency services is not an easy thing, since it is a situation in which the imminent risk of death is dealt with, which causes physical and emotional overload, in addition to the unpredictability and the rhythm always accelerated in which the service is performed. After a thorough reading of all the authors used for the construction of this article, it enabled the identification of several factors that interfere in the execution of a humanized care that has to do with the distance between patient and professional, arising from the need for care in a timely manner. In this way, it is observed that the objective of this work was achieved, since it was possible to perceive that the humanization process goes far beyond technical and material issues, it is a change of behavior on the part of the professionals. It was also noticed that humanizing in urgent and emergency services requires a special dedication to the patient, in order to see him with a holistic look, encompassing personal, family and social context. Through this study it was possible to realize that humanized care in these sectors is something to be reflected on and implemented. Thus, professionals must become aware of their functions in the hospital, seeking to incorporate the values, feelings, and cultural and emotional aspects of each patient.

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