Humanization in health professional education: the experience of a speech, language and hearing sciences student

Humanização na formação em saúde: a experiência de uma estudante de fonoaudiologia

Humanización en la formación en salud: la experiencia de una estudiante de fonoaudiología

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Abstract

This communication aims to report the experience of a speech, language and hearing student as a trainee in an interdisciplinary program of embracement developed in a public hospital in the Metropolitan Region of Salvador, Bahia, and discuss the implications of this experience in her training. The focus of this program is the humanization of assistance. The experience lasted from September 2012 to March 2013, focusing on user embracements performed by the student. For this purpose, qualified listening to the demands of users and their carers in emergency and adult or pediatric hospital infirmary was performed. From this experience it was possible to understand that there are macro-organizational and subjective processes involved in the health care, and that interfere directly and indirectly in the comprehensive care to the population, characterizing the embracement as complex and necessary action which should be part of the work of all health profesional. The participation of the student in this program has expanded the teaching and learning scenarios that go beyond the hegemonic clinical practice, toward to a new model of health care based on humanization, user embracement and qualified listening.

Keywords: Humanization of assistance; Staff development; Speech, Language and hearing sciences; User embracement.

Resumo

Esta comunicação tem como objetivo relatar a experiência de uma estudante de Fonoaudiologia como estagiária em um programa interdisciplinar de acolhimento desenvolvido em um hospital público da Região Metropolitana de Salvador, e discutir as repercussões desta experiência em sua formação. O eixo central do programa é a humanização da assistência em saúde, tendo a experiência sido vivenciada no período de setembro de 2012 a março de 2013, com foco nos acolhimentos realizados pela estudante durante o estágio. Para tal, eram realizadas escutas qualificadas das demandas apresentadas pelos usuários e seus acompanhantes nos serviços de emergência e enfermarias adulto e pediátrico do hospital. Esta vivência permitiu a compreensão de que há processos macro-organizacionais e subjetivos envolvidos na assistência à saúde, e que interferem direta e indiretamente no cuidado integral à população, caracterizando o acolhimento como ação complexa e necessária, devendo ser parte do processo de trabalho de todo profissional da saúde. A participação da estudante de Fonoaudiologia no programa ampliou a inserção dos cenários de ensino-aprendizagem que extrapolam a clínica hegemônica, com vistas a um novo modelo de atenção à saúde, baseados na humanização, acolhimento e escuta qualificada.

Palavras-chave: *Humanização da assistência; Desenvolvimento de pessoal; Fonoaudiologia; Acolhimento.*

Resumen

Esta comunicación tiene por objetivo relatar la experiencia de una estudiante de Fonoaudiología en un programa interdisciplinar de acogimiento desarrollado en un hospital público de la Región Metropolitana de Salvador, Bahia, y discutir las implicaciones de esta experiencia en su formación. El eje central del programa es la humanización de la asistencia en la salud. La experiencia ocurrió entre septiembre de 2012 y marzo de 2013, centrándose en los acogimientos realizados por la estudiante. Para este fin, eran realizadas escuchas calificadas de las demandas presentadas por los usuarios y sus acompañantes en los servicios de emergencia o en las enfermerías hospitalarias para adultos y niños. Esta experiencia llevó a la comprensión de que hay procesos macro-organizacionales y subjetivos que intervienen en la asistencia a la salud, y que interfieren directa e indirectamente en la atención integral a la población, caracterizando el acogimiento como una acción compleja y necesaria, que debe ser parte del proceso de trabajo de todos los profesionales de la salud. La participación de la estudiante de Fonoaudiología en el programa amplió la inserción de los escenarios de enseñanza y aprendizaje que van más allá de la práctica clínica hegemónica, hacia un nuevo modelo de atención a la salud basado en la humanización, acogimiento y escucha calificada.

Palabras clave: *Humanización de la atención; Desarollo de personal; Fonoaudiología;*

Introduction

Humanizing means taking care of people considering their values and experiences as unique, avoiding any form of negative discrimination, as well as loss of autonomy, in order to preserve the human being's dignity[1]. Humanization in health attention context means to understand each person in your uniqueness, with specific needs, and, thereby, to create conditions so that he/she has more possibilities to practice his/hers will autonomously[2].

For years, there have been discussions about the humanization concept in the rebuilding proposals of health practices in Brazil. In this perspective, the form of assistance must enhance the care quality, in a technical standpoint, as well as acknowledge patient rights, subjectivity, and culture. In 2000, the creation of the National Program for Humanization of Hospital Care (PNHAH) strengthened these discussions, it aimed to endorse and to connect all humanization initiatives that have been working in the public hospital system already; to improve the care quality and effectiveness given to members of the Brazilian hospital system accredited to Unique Health System (SUS), and others[3]. After, in 2003, the National Humanization Policy for Healthcare and Management (PNH), also called HUMANIZA-SUS, replaced the PNHAH, and aimed to put into practice the SUS principles in the health services routine, creating changes in management practices and care[4].

The embracement is one of the PNH strategies that target to enlarge and to improve the users' access, assuming the organizing condition of the work process to promote the humanization of health care. The embracement is understood as solidary and committed exchange to the health production, and is one of the PNH' s tools that influence some of the SUS principles, directly[5,6].

Most studies related to the embracement focus on primary health care, however, some authors have begun to discuss this theme in the hospital environment, with the focus on the experience of users and caregivers who were welcomed[7,8], as well as in the analysis of the embracement practices from different professionals[9,10].

Regarding the humanization care education in the context of health undergraduate courses, there is a growing convergence of different experiences in Brazil with the current PNH. It is possible to verify an understanding of the human being as a historical and social construct, and the subject's dimension as fundamental in health care. However, there is not always clearness related with humanization care concepts that support some educational proposals, which shows that the focus on humanization as a theme to be added in health undergraduate courses is still a challenge to be faced, in the context of SUS[11].

Thus, the professional education in health process needs a structural, conceptual, and ideological reorganization so that professionals have conditions to act in a humane way. For this purpose, it is important that service providers have space and appropriate working conditions. Then, they will be able to promote innovations and changes in traditional actions practices related to health promotion. In addition, it is important that professors responsible for the education of health professionals get close to the theme[12].

Furthermore, during the formation process, the health professional is only submitted to the technical knowledge, traditionally, taking the biological body as its premise, in a way that they are lead to appreciate fragmented practices, disregarding the subjectivity and singularity of subject. The current formation process and health professional practices established a reasoning framework committed to many types of interest, but it excludes the user's' interest. The everyday care relations, management, and health care should be incorporated into the learning and teaching process[13].

In Speech, language and hearing sciences context, it was possible to verify that published researches related the assistance to practical activities with the PHN, including guidance practices[14]. In addition, there were studies that aimed to analyze the knowledge and the application of the PNH by the professionals of this area in a public hospital of Belo Horizonte[15]. Thus, there is a little scientific literature related to the theme humanization, especially, when it involves the discussion of formation process.

Thus, reports of experiences from undergraduate students in projects focused on Humanization are justified by the importance of developing complementary activities focused on that theme, the education, and the formation process, once these practices make possible for students to experience the Unified Health System (SUS) operation, as well as the Health Care Network. For instance, the

students can get close to the hospital environment, analyze the health-disease process and the integral health care, which through the construction of an extended viewpoint and qualified listening. These concepts and content are discussed at the academic disciplines during the graduation period. However, students and health professionals practice and disseminate few of them, especially in speech, language and hearing sciences context.

Therefore, this article aims to report the experience of a speech, language an hearing sciences student at PERMANECER SUS program, which has the health humanization as the main point, performed in the emergency of a public hospital in the metropolitan region of Salvador, BA, from September 2012 to March 2013, discussing its impact in the formation process.

PROPOSAL PRESENTATION

Understanding the education as a constant moving process from what is lived and individualized during the formative experience(16), this article presents a significant experience of a speech, language and hearing sciences student at Federal University of Bahia. This report was built from notes in a field diary.

Based on discussions about the humanization, the embracement as health practices, and the National Humanization Policy for Healthcare and Management, the Bahia State Health Department (SESAB) implemented the PERMANECER SUS Program, which aimed to promote the humanization and to improve the customer service assistance in emergencies of large public hospitals in Salvador and the metropolitan region. The Humanization Coordination of the State, through the Department of Labor Management and Health Education (DGTES), linked to the Superintendent of Human Resources (SUPERH) developed this program. The Federal University of Bahia (UFBA), the State University of Bahia (UNEB) and the Catholic University of Salvador (UCSAL)(17) are partners. Thus, DGTES developed regional interventions in Labor Management and Health Education, promoting and disseminating educational processes, studies, and research in the SUS context, with a focus on humanization relations.

Sponsored students from Speech, language and hearing sciences, Medicine, Nursing, Social Work, Psychology, and Interdisciplinary Bachelor in Health, registered in one of the partner colleges, participated of this program. The intervention sites were hospitals emergency and public maternity hospitals of Salvador and Metropolitan Region. The interns performed embracement and qualified listening of the health services users and their caregivers. The non-mandatory internship had schedule of 20 hours per week, 16 hours in the care unit and 4 hours of continuing education.

In this first edition of this program, there were not available vacancies for Speech, language and hearing sciences students. However, after a request of a student, the program started to offer vacancies to this course.

The hospital unit that was the acting site is located in a region of great urban area in the metropolitan region of Salvador. It is surrounded by neighborhoods with high social vulnerability, which reflected in the user demands assisted in that health unit. The main customer service involved cases related to different health problems, such as pneumonia attacks, hypertension, diabetes, anemia, and consequences of violence, as firearms drilling.

In the first contact with the hospital, two internship preceptors attended, both social workers of the unit, as well as two interns who were already two months developing the proposed activities of the program. In this welcome meeting, there was a presentation of the internship dynamics and schedule, as well as a visit to the hospital for knowledge of its physical and organizational structure. Subsequently, the student observed the development of the embracement activities, so that she could be acclimated to the service and program.

The main activity of intern in the hospital environmental was to offer embracement, through a qualified listening, to SUS users and their companion in the emergency and wards, adult and pediatric. The student performed the embracement either alone or in a group of 2-3 students. The embracement happened from an intern active search or in patient/companion approach.

The embracement was performed only with users who had already have medical assistance. In the embracement moment, the intern introduced the PERMANECER SUS Program, and collected information, through conversations and qualified listening. This had the purpose of knowing the context in which the subject is inserted, to identify the demands of patients and companion. Then, it was important to solve or to diminish problems

that interfere in the service and in the care quality, contacting the responsible individuals who could provide answers to the identified demands.

The qualified listening configured a challenge in each visit, once it surpasses the meaning of the simple act of listening, focusing on building a relationship in which the users have opportunity to express their feelings and knowledge, without trivialization.

In this initial approach, the identification data, such as name, age, address, companion (name and relationship), reason for medical care, information about the quality of care, diagnostics, conduct, and complaints were collected. It is important to highlight that there was always a prompt to user exposes further questions that he/she may had, even if it had not been asked before. At this time, there were different comments, and the main questions were about access to medical records, deadlines for disclosure of test results, and family problems reports that had a direct association with the health-disease process, like disagreements in the family, etc.

After the embracement moment, the intern contacted different hospital staff, such as nutritionist, social worker, nurse or nurse technicians, laboratory technicians, and sometimes the doctor. The main purpose of this was to establish a link between the user demands and professionals. These discussions occurred sporadically, once often the student could not find the professional in the unit or they were not available to case discussions. It is important to note that some professionals saw the intern as a "user complaints sender/shipper", and not as a enhancer of work processes. In these discussions, the student presented users and companions' doubts reported during the embracement moment, such as hanging meals, delay in medicine management, trouble involving blood banks, regulation requests, and others.

When the student verified a user's misinformation about their own health, it was possible to conduct education in health practices, including orientations about the feeding care, healthy lifestyles, primary care service in the Family Health Units (USF) closer to user's residence, indications and requisites for blood donation, and others.

The interns went along with the user and the caregiver until the effective hospitalization or discharge, once the program aimed to promote embracement in emergency. The active search for users was also performed in case of change beds or wards.

Often, there was the need of the intern to look for staff responsible for cleaning, since rooms, hallways and bathrooms conditions were constant complaints from users and caregivers. In addition, the students had to contact the maintenance staff so that they could solve lighting and ventilation problems, as well as the laundry staff, once often the user's linens were dirty or the user was using own linens provided by his/her family.

During the embracement process, it is important to highlight two episodes that express the complexity involved in this process, and which were outstanding in the reported experience. The first of them refers to the service performed with a user admitted at the hospital unit for a few hours, followed by a co-worker, both alcohol users. During the embracement, the user had seizures and the medical team examines and prescribed medicines. However, before taking the medicines, the user died. At this time, there was a tension feeling in the ward, in which other users became nervous and concerned with this happening, and the companion, who only knew that deceased had relatives living in the Rio de Janeiro city, showed deep regret and misinformation about how to proceed on that situation. At this time, the PERMANECER SUS intern's team embraced the companion and solicited the social workers so that they could better act and solve the case.

Another interesting case was about the user who did not have companion. He only talked about his daughter that he had been waiting for a visit, but she has never appeared in the hospital. This user had a paraplegia and he also presented anemia and sores in different parts of the body. Initially, he was resistant to the embracement process, he even pretended sleepiness during the bed visits. However, some time later he became more receptive and the intern followed him during a period of six months, and even going to the hospital the service daily was maintained, taking into the account his need to be embraced every day.

From these two cases, it is possible to highlight the importance of the embracement in hospitals context, and meanwhile the complexity that surrounds this strategy. In both situations, it is clear the embracement team role, considering that the subjects involved demanded a cautious approach, but effective though, ensuring the embracement

proposal as the action strategy. These situations demonstrated the importance of listening in the suffering process, as well as the persistence, and the need for orientation during health care.

The health professional's embracement, as provided in the strategy, was also performed, considering the working conditions promoted waste and stress. It was often the intern receive reports about problems and difficulties faced in the development of several functions, which made up the work process in the environment hospital. Based on that listening, the intern team discussed with the supervisor about possible actions and / or referrals for each situation, such as psychological support and activities inside the hospital that could reduce tensions and promote a new point of view about the work environment.

In this experiment was possible to observe that the most recurrent population faced many problems, such as a lack of information about the health conditions, diagnosis, prognosis and the needs for the performance other exams, the difficult access to results of exams and lost records, and medicine in unscheduled times. Additionally, the student verified problems involving infrastructure for companions, problems in the diagnostic equipment, human resources, as well as a lack of proper beds in the health unit and difficulties of patients referred regulation to other units.

In addition, continuing education activities had organizational problems, often did not correspond to the interns' needs and the difficulties presented in the hospital. Nevertheless, the continuing education addressed important issues, even though it promoted few discussions about the relationship between content and the formation process experienced.

Discussion

Through an analysis of that experience, it is requered to consider the SUS as a democracy building policy, which tends to develop linear relationships in the structure and management of the health-disease process and to promote social inclusion, as well as the inequalities reduction[18]. Thus, it is important to discuss the formation, the human resources profile for health and its relation with the served population, especially regarding the health care humanization processes.

The experience of getting into the service exposed several issues that put emphasis on the formative experience. It was experienced health services problems related to structure and organization, such as overcrowding, which resulted in sick people sitting in chairs for days and sharing the same space, exposed to different diseases and contamination risks. In addition, there were people with tuberculosis infection suspect, drilling firearm, users sometimes handcuffed, and some users with mental problems sharing the same hall. These issues strongly influenced the intern work, and they must be changed, once the entirety should be also a standpoint in the hospital. In this place, some values should also made up the health work organization, such as the expanded concept of health, accountability, continuity of care, multidisciplinary in the therapeutic projects development, and to consider users and their families' autonomy in health production[19].

In addition, there was a limitation in student training. It was not enough to make the interns ready to handle these situations because of the short acclimatization process that anticipated the activities development.

This experience provided the understanding that there are many processes involved in health care. Those interfere directly and indirectly in comprehensive care, in the macro-organizational and subjective dimensions. In addition, it allowed the student approached to the everyday of the population in health services and health professional daily challenges to ensure humanization, showing that provide humane care cannot be a disconnected task from the complexity involved in the health--disease process.

Although there was a guideline script, the embracement practice was beyond the expected. The user exposed his/hers opinions about the health-disease process and health care during the qualified hearing. Often, there were users' speeches referring improvements of their symptoms in the end of the embracement, which shows that health care goes beyond specialized techniques and procedures. The users want to be considered as people, when they get sick. This shows the need of breaking out with the care model focused on the disease, which fragments the human being and can damage its essence, expressing in its entirety[20]. Knowing the subjects and their stories should be considered basic premise for the health care development. The

relations with users and caregivers strengthened the understanding of the subject as a whole being, enhancing the inter-subjectivity and uniqueness, widely discussed concepts in the humanization debate.

Throughout the internship period, there were questions about the importance of that experience to the formation process. During the formative period often theoretical disciplines lead to a subject limited to his/hers illness and to a technical and mechanical practice in work processes, distant from the reality observed in the different health units of SUS, especially hospital. It also happens in the health services that maintain the procedure normalization and the technical actions as the organization form, damaging the embracement and the entire care[21].

Thus, some questions are not considered in the traditional formation process, such as the context in which the subject is inserted, the situation of the Health Care Networks, and the system as a whole, as well as the care model that is build over the practice, which end up limiting the formation process in health, particularly, in speech, language and hearing sciences. The participation in the PERMANECER SUS Program promoted the development and the practice of expanded understanding about subjects and health care in a hospital context, as well as the critical reflection by the contrast between knowledge and the practice in health.

The data presented in this study indicate a need for assessment and monitoring PERMANECER SUS program, so that it may be possible advancing and improve the care actions in agreement with government policies. It is also noticed the need for further studies to identify and analyze the implications of the speech, language and hearing science students participation in different humanization experiences, strengthening this theme in the speech therapist formation.

Final Considerations

The speech, language and hearing sciences student's participation in a program directed hospital health care humanization promoted an expansion of teaching-learning process's sites, overcoming the hegemonic and limited position of clinic in the formation, which still is fragmented, focused on disease and symptoms, as well as decontextualized of social reality of the subjects. This experience promoted an understanding of the importance of building a care model organized by practices based on the universality, comprehensiveness and equity in health care. In addition, it should be based on humanization, embracement and qualified listening, which value the subjectivity and respect the subjects suffering in emergency services.

In addition, it was verified that the humanization has a deep relationship with the social determinants, which made up the health-disease process, as well as the health professionals working conditions.

Therefore, the undergraduate programs related with Speech, Language and Hearing Sciences consider theoretical and practical activities about this content, so that the professional begin to take responsibility over the comprehensive care to the population health.

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