

INSTITUTIONAL VIOLENCE IN PRIMARY CARE CENTERS, FROM THE PERSPECTIVE OF FEMALE SERVICE USERS

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ABSTRACT: This is descriptive and qualitative research, undertaken in five Integrated Care Centers, between March and May 2010, with 30 female service users who undertook nursing consultations for prenatal monitoring, family planning and screening tests for cervical cancer. The aim was to investigate the perception of female service users attended in Primary Healthcare Centers regarding the institutional violence in women's healthcare. The discourses were collected through semistructured interviews; based on the thematic content analysis, the category "Perspectives on the institutional violence in women's healthcare" emerged. In spite of the institutional violence being presented in a hidden way in the care for the service users' health, and not being identified as such, the study participants reported dissatisfaction in relation to the access, embracement, and the attendance given. As a result, it is necessary to reflect on the practice of nursing so as to prevent the violation of women's rights in health care.

DESCRIPTORS: Women's health; Violence; Health centers; Nursing.

VIOLÊNCIA INSTITUCIONAL EM UNIDADES BÁSICAS DE SAÚDE SOB O OLHAR DE USUÁRIAS

RESUMO: Trata-se de pesquisa descritiva e qualitativa, realizada em cinco Centros Integrados de Atendimento, de março a maio de 2010, com 30 usuárias que realizaram consulta de enfermagem para o pré-natal, planejamento familiar e exame preventivo de câncer de colo uterino. Objetivou-se conhecer a percepção das usuárias atendidas em Unidades Básicas de Saúde quanto à violência institucional na assistência à saúde da mulher. Os discursos foram coletados mediante entrevista semiestruturada e a partir da análise de conteúdo temática emergiu a categoria "Olhares sobre a violência institucional na assistência à saúde da mulher". Apesar da violência institucional se apresentar de forma oculta no cuidado a saúde das usuárias, e não ser identificada como tal, as participantes da pesquisa relataram insatisfação em relação ao acesso, acolhimento e atendimento prestados. Dessa forma, faz-se necessário refletir sobre a prática de enfermagem a fim de prevenir a violação dos direitos das mulheres na assistência à saúde.

DESCRIPTORIOS: Saúde da mulher; Violência; Centros de saúde; Enfermagem.

VIOLENCIA INSTITUCIONAL EN UNIDADES BÁSICAS DE SALUD BAJO EL PUNTO DE VISTA DE USUARIAS

RESUMEN: Es una investigación descriptiva y cualitativa, realizada en cinco Centros Integrados de Atendimento, de marzo a mayo de 2010, con 30 usuarias que realizaron consulta de enfermería para el prenatal, planeamiento familiar y examen preventivo de cáncer de cuello uterino. El objetivo fue conocer la percepción de las usuarias atendidas en Unidades Básicas de Salud acerca de la violencia institucional en la asistencia a la salud de la mujer. Los discursos fueron obtenidos por entrevista semiestructurada. Del análisis de contenido temático resultó la categoría "Mirada sobre la violencia institucional en la asistencia a la salud de la mujer". A pesar de la violencia institucional presentarse de forma oculta en el cuidado a la salud de las usuarias, y no ser identificada como tal, las participantes de la investigación relataron insatisfacción acerca del acceso, acogida y atendimento prestados. De ese modo, se hace necesario reflexionar sobre la práctica de enfermería con fines de prevenir la violación de los derechos de las mujeres en la asistencia a la salud.

DESCRIPTORIOS: Salud de la mujer; Violencia; Centros de salud; Enfermería.

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INTRODUCTION

Throughout the history of humanity, women have been, and continue to be, subject to different types of violations, which can occur both in the public context as in private life; that emphasized in this study is the institutional violence perpetrated against the female service users in Primary Healthcare Centers (UBS).

Institutional violence is present in the different social scenarios, however, it is in the health services - principally in the relationships established between health professionals and service users - that it is manifested imperceptibly, although the nullification of patients' autonomy, and discrimination based on socioeconomic and cultural differences, are employed openly⁽¹⁾.

The unequal relationship constructed between the health professionals and the health service users may be considered to be a reflection of the different social standards which exercise influence in the health-illness process. As a result, as the distinctions between human beings are consolidated socially, and advanced to the interior of the institutions, they have the capacity to be converted into forms of violations.

From this perspective, the violence in the ambit of the health institutions is defined as any action or omission practiced in the process of attending the service users, including absence of quality, inaccessibility, unequal power relationships, intentional physical harm, lack of care and maltreatment, undertaking actions for which one is not trained, and neglect of the patients' needs and rights⁽²⁾.

The history of the women who attend the health services can contain experiences of discrimination, frustration and violations of rights, responsible for triggering feelings of tension and unease. The quality of care undertaken by the health professionals is reflected in the promotion, recognition and respect for the human being, assured by the comprehensive care and conservation of well-being⁽³⁾.

In the routine of the nursing care, it is possible to observe that the listening to the health needs presented by the service users can be compromised by the professionals' absence, as well as by the time available for performing the care actions. Hence it is important to reflect

on the organization of the services, so as to add value not only to concrete tasks, but also to the subjective care. The act of understanding and respecting the being who seeks care, through attentive and sensitive listening, is a function that the nurse must perform⁽⁴⁾.

At the same time, as in the case of the prenatal care, the women are increasingly encouraged to undertake a routine of monitoring for the monitoring of well-being in the gestational period. In this way, they come to trust in, and entrust the care of their bodies to, the health professionals who are responsible for the embracement, the care offered, and the establishment of the contact between the service user and the health service⁽⁵⁾.

Furthermore, it is possible to observe that the scientific production on the issue is low in the Brazilian context. An integrative review of the literature undertaken using the database of the Virtual Health Library, using "institutional violence" as the descriptor, found 13 articles published in the period 2010 - 2013; of these, only three addressed institutional violence in the setting of the health services. These data confirm the scarcity of publications on this issue.

In the light of the above, the question which arises is: What is the female service users' perception regarding the institutional violence suffered during the health care offered to women in Primary Healthcare Centers? The objective is to investigate the perception of the female service users attended in Primary Healthcare Centers, in relation to institutional violence in women's healthcare.

METHOD

This is descriptive and qualitative research, undertaken in five Integrated Care Centers (CIA, in Portuguese) with greater demand for nursing consultations for women, located in health districts in the urban zone of a municipality in the South region of Brazil, between March and May 2010.

A total of 30 female service users participated voluntarily in the study. They were undertaking nursing consultations in one of the women's health programs, for family planning, prenatal care and/or prevention of cervical cancer; the interviews took place using a semistructured

instrument, in a room made available in the health service itself, so as to ensure privacy and comfort for the study participants.

The semistructured instrument used in the interviews had questions relating to the characterization of the participants, the frequency and reasons for which they sought the health services, and their expectations in relation to the attendance, accessibility, quality of the care provided by the nurse, and experience of episodes of disrespect and lack of attention during the attendance.

The authors stopped undertaking interviews when there was convergence of the content of the discourses, and the study objective was achieved. For the interpretation, thematic content analysis was used, made up of the organization and codification of the results, categorization, inferences, and informatization. Pre-analysis took place, followed by exploration of the material and treatment of the discourses obtained⁽⁶⁾, and the category which emerged was: "Perspectives on the institutional violence in women's healthcare".

In relation to the ethical aspects, the study was authorized by the municipality's Municipal Health Department, and was approved by the Research Ethics Committee of the State University of the Central West/PR, legal document N. 09/2009. The participants' anonymity was ensured through the substitution of their names with the letter "U" (User), followed by an Arabic numeral.

RESULTS

Among the study participants, age range was from 19 to 56 years old; 63.3%(19) had not finished junior high school; 66.7%(20) were married; and 56.7%(17) reported their profession/occupation as 'housewife'. Relating to the health care which the women were seeking on the day of the interview, it stood out that 36.7%(11) were there for the screening test for cervical cancer, 20%(06) for the prenatal consultation, and 6.6%(02), for family planning.

In relation to the accessibility to women's healthcare programs, the participants reported, as a factor responsible for dissatisfaction, the low number of medical consultations available daily in the CIA, which is below the demand from the service users.

In this perspective, they describe the access to the gynecological consultations as a ritual, because it is necessary to leave home at dawn and to wait outside the health service until it opens, when the tickets reserving one's place in the queue are made available. However, there is no guarantee of attendance, which may oblige them to return the next day, or to seek another type of assistance.

[...] Once I arrived in the very early morning, and when it was my turn, the queue tickets had run out. I went home with the same problem, the same pain [...]. I didn't go back [to the CIA]. I went to the pharmacy, and bought some medicine there, and that's how the pain went away. (U4)

U4's account expresses clearly that the difficulty in scheduling a medical consultation caused her to seek pharmaceutical assistance, so as to minimize her pain, but that her health problem was not resolved.

[...] My pregnancy card has been incomplete since last month because of the nurse [...]. I don't have time to be here when she wants me to. She is never here. She has never seen me, and it is something that she has to do. (U10)

It is only today, that I am not very happy, because the doctor had scheduled an appointment for me for yesterday, I came here, and somebody else said that they were not attending [...]. She [the nurse] just looked at my card and told me to come back today [...]. People were going in front of me, but they didn't call me. I went to talk with her [the nurse] [...], she thought it was bad of me to complain. (U13)

In their condition as the receivers of the care, the women who attend health services are subject to suffering violations of their rights, identified in various ways, based on the understanding that each one of the service users has in relation to the assistance provided by the nurse.

[...] They come up to you and say: 'God, you smell bad'. It is violence against the person or maltreatment. They are clumsy with the apparatus

[the speculum]. *Or indeed, they bruise you brutally with their hand [...].* (U24)

[...] I think that everybody who has a health problem generally seeks to be attended well [...] but even so, they are maltreated (U8)

Subtle attitudes related to communication are also mentioned as synonymous with institutional violence. The fact of being in the health service, and making oneself present, is important for the woman seeking assistance. In the interviews, the participants reported that when the nurses prefer not to attend them, they ignore their presence. At other times, they are willing to talk, but do not pay attention to the health needs presented to them by the service users.

[...] You arrive here and go to talk with them. They [the nurses] don't pay any attention to what you're feeling. You are conversing, wanting to talk, and they are looking to one side and responding offhand [...]. (U19)

In their accounts, the women demonstrated the feeling of discrimination due to the social condition, and also observed a differentiated attendance, provided by the nurse, in accordance with the socioeconomic level of the service user who seeks the health service.

Because this nurse looked at me with indifference, like: "she's badly dressed, she's well-dressed". (U6)

If a well-dressed person turns up, clean, beautiful, chic, they attend her well. If a person comes along who is a bit dirty, with torn clothes, the attendance is different. (U11)

From this perspective, in the characterization of the service users' interviews, it may be observed that only one participant presented an educational level which corresponded to that of the nurse. The difference in the educational levels between the health professionals and the service users may result in the imposition of power, reflected in acts of humiliation, as follows, in the accounts of U22 and U10.

[...] Because we're all equal. Just because she [the nurse] is in a job above mine because I'm a housewife, she thinks she can tread on other people. And she humiliates the others without noticing. (U22)

I may not have graduated from university like she did [the nurse], but I was brought up to respect human beings. (U10)

DISCUSSION

Institutional violence can be presented in a hidden form in the routine of the health services, and is frequently reproduced in a naturalized way in the context of the care. Thus, it is easily perpetrated by the professionals responsible for the care, as they do not recognize their attitudes as being a possibility for violating others' rights.

In relation to the difficulty of accessing health services for the prevention of health problems in the promotion of well-being, one can observe the high consumption of medical consultations, pharmaceutical treatments, and diagnostic tests. This evidences a model of care with a curativist focus as the principal means of resolving health problems.

To the extent that curative care takes priority over prevention of illnesses and health promotion, the valorization of the use of technologies, to the detriment of human interactions, is evidenced. In this way, technological resources come to be considered as ends in themselves, instead of representing a means for care⁽¹⁾.

With the increase of the demand from the female service users, resulting from the scientific truths corresponding to the health area, and the decline of the socially constructed value in relation to how human existence is understood, each and every experience of the individual is diagnosed, and relief sought in medicine. Therefore, every form of sadness can be considered depression, worry is transformed into anxiety, and people seek the health services for faster responses to the problem, even if this should not resolve it⁽⁷⁾.

When impeded from finding a rapid response to her problem in the health services, the female service user, on most occasions, makes inappropriate use of pharmaceutical assistance. In this way, in association with the high level of

self-medication, one can perceive the occurrence of over 10 million new sexually-transmitted infections, which can progress to symptomatic diseases, urethritis, cervicitis, ulcers and genital warts, or asymptomatic diseases. A significant number of cases does not receive appropriate guidance or treatment, and allows the maintenance of transmitters and of the chain of infection⁽³⁾.

In addition to the difficulty of accessing the health services being observed, it is possible to perceive the construction of an asymmetric relationship between the health professional and the service user, in which the former has the capacity to establish the rules, unilaterally, and without previous negotiation. One can observe, therefore, the establishment of a hierarchy, as one occupies a position of superiority in relation to the other⁽⁸⁾.

From this perspective, institutional violence, generally speaking, is identified as poor attendance, through impolite speech, negligence and verbal bullying, impatience, absence of information or indifference, inadequate undertaking of tests or disrespect, as well as discrimination due to the female service user's social condition⁽⁹⁾.

It is necessary to consider that the inequality established between the nurses and the service users can be consolidated based on the differences of social class and ethnicity, the level of technical and scientific knowledge, and the ideological naturalization of the exercising of power designated to the professional, in the light of the hierarchical position which she occupies in the relationship of care⁽⁹⁾.

The hierarchy constructed between nursing service user and the relationship of care is manifested through the absence of sensitivity and humanistic values in the social and institutional scenario of the health services, which makes her susceptible to forms of violent behaviors, expressed through cruel attitudes, which are either explicit, or sophisticated, disguised as inflexibility and disrespect, and characterized by normality⁽⁷⁾.

Therefore, it is possible that the nurses should be considered responsible for the perpetuation and maintenance of the violence in the ambit of health, to the extent that they undertake authoritarian care, with prescriptive guidance, as well as restricting the service users' participation in decision-making in the nursing care. Thus, it is necessary for the

attendance to be permeated by embracement, with sensitive listening and valorization of the context of the relationships of gender, race and social class, and the health-illness process⁽¹⁰⁾.

In the prenatal care offered in the UBS, the embracement is an important time for discussing and clarifying unique questions for each woman, and it provides the nurse with the guarantee of the service user's adherence and the link with the health service. In the same way, it promotes the pregnant woman's autonomy in relation to care, and makes it possible to cope with situations experienced in this period⁽⁶⁾.

As a result, it is necessary to emphasize the importance of constructing effective communication between the nurse and the service user, so as to afford the elaboration of the link and of the trust in the context of the care, so as to ensure assistance capable of promoting health, autonomy, and quality of life⁽¹¹⁾.

In this perspective, humanization is highlighted as a response to situations of tension, dissatisfaction and suffering experienced by the health professionals and by the service users, in considering occurrences which characterize institutional violence. Therefore, the humane attitude must be ethical, with respect for the human being as its fundamental principle is- and this must be valued, so as to foster the process of change in the institutional culture through the collective construction of ethical agreements and of methods for both the care and for the management of the health services⁽⁷⁾.

In this way, the nursing care must involve the undertaking of sensitive listening, such that the service users may feel understood. It is necessary for there to be adequate structure and equipment for meeting the demands of the service, as well as to ensure privacy during the attendance, besides the inclusion of the person being attended in the care offered, in such a way as to afford her empowerment and to demonstrate ethical attitudes and respect for social and economic differences, which should also be evident in the form of the care provided by the professionals⁽⁴⁾.

FINAL CONSIDERATIONS

Institutional violence is present in the routine of the care provided by the nurse, generally in

a hidden form, as may be observed from the reports expressed by the study participants. This situation is experienced through unfavorable attitudes in relation to access, embracement and attendance in the health services. It can be perceived that in spite of these actions not being termed as institutional violence, they demonstrate the women's dissatisfaction in relation to the health service and the care provided by the professionals, which consist of a form of violation of their rights.

As a result, it is essential for the nurses to reflect upon and constantly reevaluate their professional practice, with the aim of breaking the cycle of violence to which the service user may be susceptible in seeking the health service for meeting her needs. In the same way, it is necessary to begin discussion of women's rights during the academic training, emphasizing the prerogative that the same are also part of their own care.

In this way, when the care aims for respect of the female service user's rights regarding her choices and the attendance of her health needs, the nurse comes to be remembered as a source of support and information for the prevention of illness and the promotion of health, as well as acting in the improvement of the well-being of the women who seek the health services.

REFERENCES

1. Aguiar JM, D'Oliveira AFPL, Schraiber LB. Violência institucional, autoridade médica e poder nas maternidades sob a ótica dos profissionais de saúde. *Cad. saúde pública*. [Internet] 2013;29(11) [acesso em 03 jan 2014]. Disponível: http://www.scielo.br/scielo.php?pid=S0102-311X2013001100015&script=sci_arttext. <http://dx.doi.org/10.1590/0102-311x00074912>
2. Ministério da Saúde (BR). Secretaria de Políticas de Saúde. *Violência Intrafamiliar: Orientações para Prática em Serviço*. Brasília: Ministério da Saúde; 2002.
3. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. *Política Nacional de Atenção Integral à Saúde da Mulher: Princípios e Diretrizes*. Brasília: Ministério da Saúde; 2009.
4. Camillo SO, Maiorino FT. A importância da escuta no cuidado de enfermagem. *Cogitare enferm*. [Internet] 2012;17(3) [acesso em 01 mar 2014]. Disponível: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/viewFile/27826/19049>
5. Aguiar RS, Araújo MAB, Costa MA, Aguiar N. Percepção de mulheres sobre o acolhimento oferecido pelo enfermeiro no pré-natal. *Cogitare enferm*. [Internet] 2013;18(4) [acesso em 07 mar 2014]. Disponível: <http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/download/34933/21685>
6. Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2011.
7. Rios IC. Humanização: a Essência da Ação Técnica e Ética nas Práticas de Saúde. *Rev. bras. educ. méd*. [Internet] 2009;33(2) [acesso em 02 dez 2013]. Disponível: <http://www.hcnet.usp.br/humaniza/pdf/Humanizacao%20a%20Essencia%20da%20Acao%20Tecnica%20e%20etica%20nas%20Praticas%20de%20Saude.pdf>
8. Fleury S, Bicudo V, Rangel G. Reacciones a la violencia institucional: estrategias de los pacientes frente al contraderecho a la salud en Brasil. *Salud colect*. [Internet] 2013;9(1) [acesso em 05 jan 2014]. Disponível: http://peep.ebape.fgv.br/sites/peep.ebape.fgv.br/files/file/FLEURY,%20S__%20BICUDO,%20V_%20RANGEL,%20G_%20Reacciones%20a%20la%20violencia.pdf
9. Aguiar JM, D'Oliveira AFPL. Violência institucional em maternidades públicas sob a ótica das usuárias. *Interface comun. saúde educ*. [Internet] 2011;15(36) [acesso em 20 dez 2012]. Disponível: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832011000100007
10. Coelho EAC, Silva CTO, Oliveira JF, Almeida MS. Integralidade do Cuidado à Saúde da Mulher: Limites da Prática Profissional. *Esc. Anna Nery Rev. Enferm*. [Internet] 2009;13(1) [acesso em 10 jan 2014]. Disponível: <http://www.scielo.br/pdf/ean/v13n1/v13n1a21.pdf>
11. Souza PA, Batista RCR, Lisboa SF, Costa VB, Moreira LR. Percepção dos usuários da atenção básica acerca da consulta de enfermagem. *REME rev. min. enferm*. [internet] 2013;17(1) [acesso em 30 nov 2013]. Disponível: <file:///C:/Windows/system32/config/systemprofile/Downloads/v17n1a02.pdf>