# HUMANIZATION IN THE WORK PROCESS IN THE VIEW OF INTENSIVE CARE UNIT NURSES

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**ABSTRACT:** This study aimed to identify the factors which promote and hinder humanization among nursing staff, in the perception of the nurses from an intensive care unit. This qualitative-descriptive study was undertaken in 2012, with 10 nurses who worked in an adult intensive care unit in a teaching hospital in the Brazilian state of Paraná. The data, collected through semistructured interviews, were analyzed using content analysis. Two categories emerged: factors which promote, and factors which hinder, work-related humanization among the nursing workers. It was concluded that the factors which contributed to humanization were related to the work undertaken as a team, to good interpersonal relationships, to recognition by colleagues, the institution and the worker herself, to effective communication, and to personal values. Lack of recognition for the work undertaken, on the other hand, and attitudes of individualism, were factors which hindered the realizationof the relationships, for establishing humanization among the workers.
**DESCRIPTORS:** Humanization of care; Work environment; Critical care nursing; Intensive care units.

## HUMANIZAÇÃO NO PROCESSO DE TRABALHO NA PERCEPÇÃO DE ENFERMEIROS DE UNIDADE DE TERAPIA INTENSIVA

**RESUMO:** Objetivou-se identificar os fatores que propiciam e dificultam a humanização entre os trabalhadores de enfermagem, na percepção de enfermeiros de uma unidade de terapia intensiva. Pesquisa qualitativa-descritiva realizada em 2012, com 10 enfermeiros que atuavam em uma unidade de terapia intensiva de adultos de um hospital universitário paranaense. Os dados coletados por entrevista semiestruturada foram analisados segundo a análise de conteúdo. Emergiram duas categorias: fatores que propiciam e fatores que dificultam a humanização laboral entre os trabalhadores de enfermagem. Concluiu-se que os fatores contributivos para a humanização relacionavam-se ao trabalho realizado em equipe, ao bom relacionamento interpessoal, ao reconhecimento por colegas, pela instituição e pelo próprio trabalhador, à comunicação efetiva, e aos valores pessoais. Já a falta de reconhecimento pelo trabalho desenvolvido e as atitudes de individualismo foram fatores que dificultavam a concretização das relações, para se estabelecer a humanização entre os trabalhadores.
**DESCRITORES:** Humanização da assistência; Ambiente de trabalho; Enfermagem de cuidados críticos; Unidades de terapia intensiva.

## HUMANIZACIÓN EN EL PROCESO DE TRABAJO EN LA PERCEPCIÓN DE ENFERMEROS DE UNIDAD DE TERAPIA INTENSIVA

**RESUMEN:** La finalidad del estudio fue identificar los factores que propicían y los que dificultan la humanización entre los trabajadores de enfermería, en la percepción de enfermeros de una unidad de terapia intensiva. Investigación cualitativa descriptiva realizada en 2012, con 10 enfermeros de una unidad de terapia intensiva de adultos de hospital universitario de Paraná. Los datos obtenidos por entrevista semiestructurada fueron analizados de acuerdo al análisis de contenido. Resultaron dos categorías: factores que propicían y factores que dificultan la humanización laboral entre los trabajadores de enfermería. Se concluye que los factores contributivos para la humanización se asocían al trabajo realizado en equipo, la buena relación interpersonal, el reconocimiento por compañeros, por la institución y por el propio trabajador, la comunicación efectiva, y los valores personales. Por otra parte, la falta de reconocimiento por el trabajo desarrollado y las actitudes de individualismo fueron factores que dificultaron la concretización de las relaciones para que se estableciera la humanización entre los trabajadores.
**DESCRIPTORES:** Humanización de la asistencia; Ambiente de trabajo; Enfermería de cuidados críticos; Unidades de terapia intensiva.

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## INTRODUCTION

The work process in the area of nursing encompasses various elements in a single process involving the use of different technologies, knowledges and specific practices. In this area, however, there predominates an organizational and management process grounded in the Taylorist model[1].

Historically, care has characterized nursing work. Its management, however, is grounded in the centralized, vertical and formal paradigm, with emphasis on the fragmentation of the work and with detailed and inflexible tasks geared towards manuals of procedures and routines and norms, which, among other factors, fail to value the interpersonal relationships between the professionals and between these and the service users. As a consequence, the worker does not ownher work process, which hinders the exercising of autonomy in the undertaking of policies and in the production of health, as well as resulting in demotivation and dissatisfaction for her[1-2].

As a result, it is evidenced that the involvement of managers, workers and patients is necessary if humanized practices are to be developed, geared towards both the patients and the work teams.

By 'humanization' one understands the cultural alteration of the care practices for the service users and of the management of the work processes. As a result of this understanding, in 2004, the Brazilian Ministry of Health proposed the National Humanization Policy (PNH), which is based on the "strengthening of work in the multi-professional team, fostering transversalityand groupality"[3:8]. As a result, when there is teamwork based in the premises of humanization, the individual is considered to be a participant in her care, and the health acts support her individuality, visualizing the person as a whole and not as part of a machine being maintained. For this reason, the humanization of the care between the professional and the service user is an axis which is fairly well explored in studies in the area of health, mainly in the area of nursing[4].

However, the working conditions, the motivation and, consequently, the well-being of the health professionals have been relegated to second place, or completely unconsidered. It is necessary, therefore, for managers and professionals to create spaces for valuing the worker, and to allow there to be environments which facilitate acts of humanization, such that the workers may also have their physical and psychological needs met[5].

In the hospital context, the Intensive Care Unit (ICU) is characterized by a scenario of care considered to be highly technical, objective and continuous, undertaken by a multi-professional team (doctors, nurses, nursing technicians, physiotherapists, etc.), geared towards patients who are considered to be critically ill and requiring high complexity care. Due to these characteristics, there predominates in this scenario the offering of care undertaken technically, and, on most occasions, based on a model of care which is biologicist, linear, task-based, fragmented and mechanized, and which does not care for the other dimensions which make up the human being. One can add to this context a practice which is undertaken to the detriment of aspects geared towards the interpersonal relationship and the humanization of the care[6-7].

The work process in this department is permeated by pain, suffering, death, impotence, work-related stress and insalubrity,such that it is fundamental to care for these professionals, by giving them conditions such that they may make up teams which are capable of promoting the humanization of the work in their work environment[7-8], thus avoiding the worker's dehumanization.

According to some authors, reflections and studies[8] referring to the issue of (de-) humanization of the health services, and the interface of this with the nursing worker's health remain incipient, suggesting that this topic should be investigated further.

In the light of this, reflecting on the need for further investigations, the following research questions arose: Which factors contribute to the occurrence of humanization in the work process among the nursing staff who work in ICU? Which factors hinder the occurrence of this phenomenon among these professionals?

It is considered that the answers to these questions meet the objective proposed for this study, of identifying the factors which promote and hinder humanization among the nursing workers, in the view of ICU nurses.

It is believed that this study will be of fundamental importance for contributing to encouraging nurses and the nursing teams to seek strategies which promote humanization in the work process among the nursing staff and, as a consequence, in the care for the patients.

## METHOD

This qualitative-descriptive study was undertaken with 10 nurses who worked in the morning, afternoon and night shifts, in an adult ICU in a Teaching Hospital in the state of Paraná. The number of participants was defined by the criteria of data saturation, that is, data was collected until there was convergence/repetition of the accounts[9]. It was considered an inclusion criteria to have worked in the unit for at least one year and not to be on holiday or any type of leave during the data collection period.

Data collection was effected through individual semistructured interviews held in the study scenario between May and July 2012, each interview lasting approximately 30 minutes. The interview script contained the following questions: Tell me about which factors you judge to contribute to the occurrence of humanization among the nursing professionals in your work process? And, which factors hinder the occurrence of humanization among these professionals in their work process?

The information obtained in the interviews was recorded, with the participants' authorization, and later transcribed in full and subjected to content analysis in the thematic modality, according to three stages: pre-analysis, exploration of the material, and treatment of the data, inference, and interpretation. During the pre-analysis, skim-reading was undertaken, the material being organized with the aim of grasping the main ideas and relevant aspects found in it. Later, the material was explored, with grouping of the raw data in nuclei of understanding of the text and codification, that is, the systematization in thematic categories related to the characteristics of the content. Finally, the researchers proceeded to the treatment of the results, inference, and interpretation, through articulation between the structured empirical material and the literature[9].

The study was conducted in accordance with the ethical standards stipulated by Resolution 196/96[10] of the Brazilian National Health Council, and was approved by the Research Ethics Committee of Londrina State Universityunder Opinion N. 33421/11, under CAAE: 0300.0.268.000-11, and permission for participation in the research was obtained through the signing of the Terms of Free and Informed Consent.

## RESULTS

In relation to the characterization of the nurses who participated in the study, all were female, aged between 30 and 42 years old, and had worked in the adult ICU for over eight years.

The analysis of the interviews led to the construction of two thematic categories: Factors which promote, and factors which hinder, work-related humanization among the nursing staff.

**Factors which promote work-related humanization among the nursing staff**

In this category, it was learned that the work undertaken as a team, and the good interpersonal relationship, are factors which contribute to the occurrence of humanization among the workers, as identified in the accounts below:

*For me, teamwork and the good relationship among us is one of the ways that we achieve humanization among the professionals.* (E4)

*Humanization among the nursing professionals is us acting as a team and developing good relationships among us on a daily basis. [...] A relationship of respect and empathy.*(E5)

*An environment where there is union, coorporation and work undertaken as a team, as well as an excellent interpersonal relationship so that we can establish a humanized work process.* (E9)

Other factors which facilitate humanization, in the view of the nurses, are related to the valuing of the other and of oneself, both colleagues and the institution being involved in this process. This result can be observed in the following fragments:

*Humanization is valuing the other, the best of the other, seeing the qualities which each one has such that the work may be as humane as possible. It is also necessary for the institution to value us.* (E6)

*When we value and are valued, humanization blossoms within the team and the work environment becomes very light.* (E7)

*Our routine practice is experienced through real problems, which we can only resolve if we give each other mutual help, based in the values of humanization, for seeking the possible solutions. [...]. Humanization between the workers is one of the essential tools for the work process to become humanized, and, as a consequence, for the care provided to the client to be humanized.* (E8)

Communication was configured as an essential tool for humanization to occur among the workers in their work process, which may be observed in

the following discourse:

*In my opinion, communication is a way of achieving humanization between the colleagues. To hear and to be heard, to respect the other and to be respected – these, I believe, make our relationships more humane, but we can manage to put these into practice with the experience of our years in the job.* (E10)

Personal values, according to the interviewees, are essential for humanization to take place among the workers. In the nurses' opinion, this characteristic is innate, but can also be improved during training, as shown by the accounts below:

*Humanization among the workers is something inherent to each person, the person is born with this vision, it's a question of education and mainly of meaning for each one, this is one of the personal values.*(E3)

*We have to put humanization into practice first to have a job which is less exhausting, and for this, it is necessary to have – and to follow – a conduct [...] It is to put into practice what we believe, that is our understanding. However, I emphasize the importance of learning in our training how to consolidate humanization among the professionals in the routine of the work, as the emphasis is always on the humanization in the care given to the patients.* (E5)

**Factors which hinder the work-related humanization among the nursing professionals**

In this category, the interviewees' accounts reveal that the lack of recognition, and individualism, are factors which hinder humanization among the nursing staff, as evidenced in the following discourses:

*There are people who are very individualist and who do not recognize what we do – these, in my opinion, are factors which lead to the lack of humanization in the work environment, as we are part of a team and individualism doesn't help at all, but hinders the bonds of humanization between the staff in the routine of the work.*(E2)

*The lack of recognition undermines any chance of humanization among the members of the work team, when you are not recognized you don't feel like doing anything to improve your work process.* (E6)

*Our routine practice is experienced through real problems, and we will only manage to resolve things if we provide mutual help, if individuality should predominate we will not advance to the humanization among the nursing staff, neither to humanized care for the patients.* (E8)

## DISCUSSION

In the understanding of the participants in this study, humanization among the nursing professionals begins with a good interpersonal relationship between these workers and in the teamwork.

Some authors[11-12] assert that when the interpersonal relationships at work, both within the nursing team and between the members of the multi-professional team, fail to develop satisfactorily, they produce an unfavorable working atmosphere which interferes in the entire work process, creates dissatisfaction in the professional, and – as a consequence – hinders humanization among the workforce.

The good relationship in the team is directly linked to empathy, that is, when the worker understands the other, this makes the relationship become more spontaneous and effective, and establishes humanized attitudes between the peers, as well as developing an awareness regarding their role in the group, in an interdependent and complementary dynamic, as the work and the group share the same objectives[13].

One study[14] which investigated factors for dissatisfaction in workers of one ICU revealed that work undertaken as a team is more satisfactory when it involves the sharing of information. Thus, teamwork favors and allows the growth of the team's members, incentivizing them to seek knowledge and skills which they previously lacked, and incentivizes mutual cooperation[15].

This exchanging of knowledge, made possible by teamwork, is considered by the PNH to be one of the ways of promoting humanization in the work processes[3]. Indeed, it must be particularly valued in the ICU environment, which is characterized as a scenario of innovation and specialized nursing attendance, increased by the need for constant development of the professionals' skills, so as to harmonize the service between high technology and the care[6].

In this study, the nurses evidenced that the valuing of the worker by herself, her colleagues and the institution also constitutes a mechanism which allows humanization in these professionals' work process.

Humanizing the work environment also entails interacting with colleagues in a receptive way, valuing their knowledges, skills and competences, seeing the other and her weaknesses and needs,

through the lenses of ethics and solidarity, and relying on interprofessional networks of professional relationships. Hence, professional valorization must be a fundamental principle in people management, such that contributors feel motivated and recognized for undertaking their work with satisfaction[8]. One can assert, therefore, that in order to maintain a good working environment or humanized environment, it is necessary to understand that the person is a unique being, individual, and capable of reacting in different ways in relation to the work relationships which assist in the construction of healthy environments.

Various authors[5,16] have reflected on the issue of caring for the caregiver, that is, how to care for and value the person who works, and assert that there are two essential processes in the work process which involves the professional, and which determine her valorization and satisfaction in the work: the desire to be recognized; and the recognition of this desire. The first involves pay, perspectives for growth and recognition, forms of employment link and access to technologies of care which allow the production of health by the worker as a resource for the dignification of her work and the broadening of her value in use. The second is related to the expression of her specific characteristics, of what makes them unique. In practice, this occurs through the effective inclusion of people in the decision-making processes in the organizations.

Another study also showed that professional recognition is essential for humanization to take place in the work process of the nurses and other nursing workers[17].

Communication was evidenced in this study as one of the foundations in the humanization of the work process, corroborating what is stipulated by the PNH[3], as humanizing means giving the space which communication needs, that is, it is necessary for human feeling and the perceptions verbalized by the subject to be recognized by the other. Thus, humanization is dependent on the capacity to speak and to hear: without communication there is no humanization. The nursing staff need to be willing and involved to establish this relationship through effective communication[18]. Even though these last authors mentioned insert a perspective centered on the relationships of care for the service user, it is believed that this also applies to the care for the professional, as both are subject-protagonists of the process of health production.

In relation to the preparation in the training for humanization among the professionals, it is a fact that among the vast majority of nursing curriculums, there is not yet a balance between training which gives precedence to humanization in the care for the service user and that dispensed to the professional. This being the case, it is necessary for this fact to be reviewed in the nursing curriculums[19-20].

Still in the present study, it was evidenced that lack of recognition and individualism are factors which hinder the establishing of humanization among the workers in the work process. This is because the nursing work is inserted in the capitalist model, in which polyvalence, flexibility, the results and the demands for high levels of performance are elements which tend to not value – that is, not to recognize – this worker's contribution, which provokes impacts upon her health[21].

Other authors[22-23] state that the lack of recognition in nursing is historical and continues into the present time, bringing with it a feeling of not being valued, as well as having intense repercussions in the workers' experiences of suffering. They recommend that the recognition of the work must be incorporated in the work process itself, through words, expressions, gestures or at times of formal evaluation[23].

The absence of recognition, individualism and isolation are factors which can give rise to dissatisfaction, disenchantment, suffering, isolation and harm to mental health – and, more drastically, can culminate in suicide[24].

It is known that there were differences between the values of each individual and the demands of the environment, which may be observed mainly in the influences which the social demands exercise upon people. This being the case, the workers need to use defense strategies for dealing with contradictory situations which are not in accordance with their conception, such that humanization may prevail in the work environment[25].

## FINAL CONSIDERATIONS

For the nurses, the factors which contribute to humanization in the work process among the ICU nursing professionals are related: to the work undertaken as a team, to good interpersonal relationships, to being valued by colleagues, the institution and the worker herself, to effective communication, to each person's values, and to the academic training, which should aim not

only for the humanization of the care, but also for humanization among the professionals.

In this study, it was also revealed that the lack of recognition for the work undertaken, and the attitudes of individualism, are elements which hinder the realizationof positive relationships and the establishment of humanization among the workers.

It is emphasized that the study objective was achieved. However, humanization in the work process of the nurse is the object of investigation addressing individuality and, in its turn, each person's conception. Due to these factors, and to the fact that it describes the reality of the professionals who work in an adult ICU in a Teaching Hospital, it is necessary to consider the results in their singularity. It is suggested that further studies be undertaken on this issue.

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