

REFLEXION

CARE OF PROFESSIONALS IN OBSTETRIC HEALTHCARE PRACTICES IN THE LIGHT OF AYRES AND BUBER*

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ABSTRACT

The aim of this article was to develop a reflection about care given to women during childbirth. To this end, we used theoretical frameworks of care as understood by Ayres and the assumptions of the existentiality of being by Buber. Care in relationships with the other, in health practices, especially in obstetrics, regards the capacity of creating interactions between health professionals and women during childbirth, associating technical and humanistic aspects. Understanding the theoretical conceptions about the relationship between professionals and women in childbirth in the health care is necessary to reaffirm the paradigm of humanization and care in the process of childbirth. This reflection contributes to reorganizing the healthcare model focused on humanized practices, based on scientific evidence and the recognition of health practices based on caring for women during childbirth.

DESCRIPTORS: Health Personnel; Obstetric Nursing; Parturition; Pregnant Women; Women.

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O CUIDADO POR PROFISSIONAIS NAS PRÁTICAS DE SAÚDE EM OBSTETRÍCIA À LUZ DE AYRES E BUBER

RESUMO

Objetivou-se discorrer uma reflexão sobre o cuidado às mulheres no processo de parto. Para tanto, utilizamos referenciais teóricos sustentados no cuidado fundamentado em Ayres e os pressupostos da existencialidade do ser por Buber. O cuidado na relação com o outro, nas práticas de saúde, em especial no campo da obstetrícia, diz respeito à capacidade de criar interações entre profissional de saúde e mulher no processo de parto associando o aspecto técnico e humanístico. Compreender as concepções teóricas sobre a relação entre profissionais e parturientes no cuidado em saúde é necessário para a reafirmação do paradigma de humanização e do cuidado no processo de parto. Esta reflexão contribui para reorientação do modelo assistencial de saúde focado em práticas humanizadas, com apoio nas evidências científicas e valorização das práticas de saúde fundamentadas no cuidado às mulheres no processo de parto.

DESCRITORES: Pessoal de Saúde; Enfermagem Obstétrica; Parto; Gestantes; Mulheres.

CUIDADO DE PROFESIONALES EN PRÁCTICAS OBSTÉTRICAS DE SALUD A LA LUZ DE AYRES Y BUBER

RESUMEN

El objetivo fue discutir una reflexión sobre la atención a mujeres en proceso de parto. Para ello, utilizamos referenciales teóricos sustentados en el cuidado fundamentado en Ayres y los supuestos de la existencialidad del ser de Buber. La atención en la relación con el otro en las prácticas de salud, particularmente en el área obstétrica, hace referencia a la capacidad de crear interacciones entre profesionales de salud y la mujer en proceso de parto, asociando el aspecto técnico al humanístico. Comprender las concepciones teóricas sobre la relación entre profesionales y parturientas en la atención de salud resulta necesario para reafirmar el paradigma de humanización y atención en el proceso de parto. Esta reflexión contribuye a reorientar el modelo asistencial de salud enfocado en prácticas humanizadas, con respaldo en evidencias científicas y en valorizar las prácticas de salud en la atención de las mujeres en proceso de parto.

DESCRIPTORES: Personal de Salud; Enfermería Obstétrica; Parto; Mujeres Embarazadas; Mujeres.

INTRODUCTION

Care in health practices is wide-reaching, as it involves various aspects unique to human beings. Thus, care is shaped according to the characteristics presented by individuals, and requires the establishment of interaction between health professionals and individuals, which become therapeutic relationships⁽¹⁻²⁾.

Health care, especially that provided to women in labor, is broad and singular, permeated by meanings relative to the unfolding, willingness, diligence, zeal and attention⁽³⁾. This has contributed to the recognition of interpersonal relationships, overcoming a merely individualistic perspective, which was constructed within professional practices influenced by technocratic healthcare models. Therefore, it involves reconstructing values in a society marked by inequalities, suffering and differences. In the presence of the other, based on elements such as dialogue, listening and gaze that one can recognize and understand another's existence^(2,4-5).

These elements are essential in interpersonal relationships for the development of health care associated with technical and humanistic aspects. Thus, mutually understanding the participants involved in care is important to identifying the gaps that hinder new knowledge⁽²⁾. Obstetric nursing collaborates to disseminate care as an essential relational technology to provide care to women in labor, in the detachment and openness of both individuals involved in care and especially focused on constructing the understanding of the woman according to her social context⁽⁶⁾.

CARE IN RELATION TO THE OTHER DURING CHILDBIRTH IN THE LIGHT OF AYRES AND BUBER

In many health services, professionals can limit themselves to care practices associated with the use of techniques, and controlling, treating and recovering the population's health. This reality is no different when it comes to the care provided to women in labor.

In this process, some obstetric practices have been adopted that are distant from the concept of health care defined by Ayres⁽²⁾, who proposed care as an existential dimension, in which healthcare professionals interact with the other based on the search for a willing encounter, that goes beyond technical success. Care is understood as a category that requires philosophical understanding and a practical attitude amid the requirements of therapeutic interventions.

In this direction, the author traces analogies in terms of care in the health field and philosophical conceptions of phenomenology. Thus, aspects such as movement, interaction, identity, and alterity, plasticity, project, desire, temporality, and responsibility are incorporated to care. These aspects are essential to understand how care is arranged and its characteristics.

Interaction allows for care to be shaped based on the divergences between subjects and the context in which a relationship is established. Identity and alterity happen through the existence of interaction. Thus, existential identities are materialized when interaction is being constructed before another's presence, consequently revealing alterity and enabling understanding based on the other's cultural perspective, fostered in the interpersonal relationship^(2,7).

Care occurs in movement and is reshaped according to the construction of identity and alterity, defining the aspect of plasticity. This enables individuals to project themselves and thus participate in their own care project. The project can only take shape when there is desire, taking ownership of the care process, which depends on a temporal flow that restricted to the coexistence of all those involved.

In an analysis carried out by Ayres⁽²⁾, care implies the existentiality of being by building relationships. It is also worth mentioning the assumptions of Buber's phenomenology⁽⁵⁾, which emphasize the multiple possibilities of human existence in the world, including what is lived and experienced. This philosopher focuses on central concepts based on the relationships that exist between human beings and on the idea of the word as being dialogical.

These concepts are grounded on an understanding of human beings, who can take on three possibilities of relationships and existing through the word-principle "I-THOU", "I-IT", and the "Eternal I-THOU". The "I-THOU" relationship represents the meeting of two beings that are reciprocally and mutually willing to let the inter-human give way to genuine conversation. From this perspective, the "I" is open to the "THOU"; one lets oneself be involved by the other's living presence. This is when the "I" reveals itself to the "THOU": reaching the person's core, allowing the "between" based on the perception of knowledge about the other and grounded in real listening in a relationship that is lived and not thought about.

In parallel to the concept of encounters with the other, an analogy can be made with caring for women during childbirth. When the I-THOU relationship is established between women and health professionals, demonstrated through silence, words, nonverbal language, the "THOU", or the woman, is given freedom of expression in this coming together between individuals.

In turn, the "I-IT" relationship is distant from the "THOU", and enables humans, or the "I" to experience their situations more objectively. This type of relationship is essential to the construction of knowledge, and the production of meaning and knowledge about the world⁽⁸⁻¹⁰⁾.

Thus, "I-THOU" and "I-IT" are inseparable parts of human existence and essential to relationships, which need to be established based on interactions in which those involved participate without disregarding the other's existence, alternating between attitudes based on "I-THOU" and "I-IT"^(5,9).

Last, the "Eternal I-THOU" is a pure and authentic moment, when humans are faced with the possibility of recovering the essence of being and seek to enter into a relationship with the other. It is a relationship between man and God, considered the absolute alterity. To this end, it is important to consider human's relationship with God⁽⁵⁾.

According to the Buberian perspective, caring for women in labor requires an encounter between health professionals and women. This coming together includes dialogue, the use of words, silence, nonverbal languages that transcend the entire period of labor and delivery. With the insertion of this new paradigm of humanized delivery, it is important to understand the theoretical conceptions that ground the relationships between professionals and women during childbirth in health care, in which health practices respect each women's way of being.

When care is humanized, it considers the wants, the creation of projects and the shaping of attitudes. It involves reflecting and reconstructing technical knowledge and common sense. It means adopting a caring attitude in the health field, prioritizing intersubjectivity; thus, when professionals place themselves before the other, they recognize themselves as a subject participating in the experience of encounter. This also includes recognizing the relational nature and the construction of the "other in each one of us"^(2,11).

The encounter between health professionals and women enables the emergence of projects of happiness, which are relevant to guide the existential projects of women while assisting childbirth. Ayres⁽²⁾ defines "projects of happiness" as those that guide individuals towards experiences, which are positively valued, experiences that are closely associated with the lived experience, with values and aspirations. These, in turn, are relevant to understanding the situations that exist based on the conditions of human life in the pursuit of happiness.

In childbirth, projects of happiness can be defined based on the longings of laboring women that can become perceptible and feasible through the interaction constructed between them and professionals. This interaction enables the understanding of very common sensations during this process, such as physical discomfort, anxiety, fear, and angst⁽¹²⁾. This provides the possibility for nursing professionals to participate in the projects of happiness of women during childbirth, assuming responsibility for care and reaffirming their concern before the other in the daily life of interpersonal relationships.

CONCLUSION

Care in health requires the philosophical understanding of its basis as well as of the attitudes that in practice can emerge within a context of encounter between professionals and users. This entails movement, interaction, identity and alterity, plasticity, project, desire, temporality and responsibility in healthcare practices.

In the childbirth process, the care provided to women is no different and can unveil itself as an existential dimension, in which professionals and women are able to place themselves one before the other in a relationship of existentiality.

Understanding the theoretical conceptions behind the relationship between professionals and women in labor in health care is an important bridge to reaffirm the paradigm of humanistic health care and of care itself during childbirth. Humanistic care allows for the shaping of attitudes and enables reflections and reconstruction of care practices that recognize human beings and their projects of happiness

The present reflection is a contribution to future critique and research that can enable changes in healthcare models that are centered merely on technocratic care, and incite further scientific studies based on the recognition of interpersonal relationships with women during childbirth.

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