PERCEPTION OF THE MULTIDISCIPLINARY TEAM CONCERNING HUMANIZED ASSISTANCE AT THE SURGICAL CENTER

Percepção da equipe multidisciplinar acerca da assistência humanizada no centro cirúrgico

Percepción del equipo multidisciplinar sobre la asistencia humanizada en el centro quirúrgico

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ABSTRACT: Objective: To understand the perceptions of professionals of the multidisciplinary team concerning humanization in the surgical center. **Method:** This is a qualitative study, with descriptive purposes, whose data collection took place in a regional public hospital of medium complexity, in Brasília, Federal District, from August to October 2019, with 18 professionals in the medical and nursing areas. An open and individual interview was conducted, composed of five guiding questions, analyzed through Bardin's content analysis. **Results:** The answers to each of the questions were categorized, considering that humanized assistance was perceived as the search for the patients' well-being, maintaining a relationship of empathy for others, and focusing on holistic care. **Conclusion:** Humanization involves aspects inherent in the condition of being human and, for its effectiveness, the involvement of the entire multidisciplinary team in patient care is necessary.

Keywords: Humanization of assistance. Surgicenters. Delivery of health care. Patient care team. Interdisciplinary communication.

RESUMO: Objetivo: Compreender as percepções dos profissionais da equipe multidisciplinar acerca da humanização no centro cirúrgico. **Método:** Estudo de abordagem qualitativa, com fins descritivos, cuja coleta de dados ocorreu em um hospital público regional de média complexidade, de Brasília, Distrito Federal, no período de agosto a outubro de 2019, com 18 profissionais das áreas médica e de enfermagem. Realizou-se entrevista aberta e de caráter individual composta de cinco perguntas norteadoras, examinadas por meio da análise de conteúdo de Bardin. **Resultados:** As respostas a cada uma das questões foram categorizadas, considerando-se que a assistência humanizada foi percebida como a busca pelo bem-estar dos pacientes, mantendo relação de empatia pelo próximo com enfoque no atendimento holístico. **Conclusão:** A humanização envolve aspectos inerentes à condição de ser humano, e, para sua efetivação, é necessário o envolvimento de toda a equipe multidisciplinar nos cuidados com os pacientes.

Palavras-chave: Humanização da assistência. Centros cirúrgicos. Assistência à saúde. Equipe de assistência ao paciente. Comunicação interdisciplinar.

RESUMEN: Objetivo: Comprender las percepciones de los profesionales del equipo multidisciplinar sobre la humanización en el quirófano. **Método:** Estudio de abordaje cualitativo, con fines descriptivos, cuya recolección de datos se realizó en un hospital público regional de mediana complejidad, en Brasilia, Distrito Federal, de agosto a octubre de 2019, con 18 profesionales de las áreas médica y de enfermería. Se implementó una entrevista abierta e individual, compuesta por cinco preguntas orientadoras, analizadas a través del análisis de contenido de Bardin. **Resultados:** Se categorizaron las respuestas a cada una de las preguntas, considerando que el cuidado humanizado se percibía como la búsqueda del bienestar de los pacientes, manteniendo una relación de empatía por los demás con un enfoque de cuidado integral. **Conclusión:** Se pudo entender que la humanización involucra aspectos inherentes a la condición del ser humano y que, para su efectividad, es necesario involucrar a todo el equipo multidisciplinario en el cuidado de los pacientes.

Palabras clave: Humanización de la atención. Centros quirúrgicos. Prestación de atención de salud. Grupo de atención al paciente. Comunicación interdisciplinaria.

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INTRODUCTION

Humanization represents conducts aimed at suppressing the instincts and acting according to rationality and, therefore, being in conformity with moral values and benevolence toward others. In order to consolidate these measures within the scope of the qualification of healthcare services, in 2003, the National Humanization Policy (*Política Nacional de Humanização* – PNH) was formulated, which stipulates strategies that integrate good management and assistance, aiming at implementing the principles of the Brazilian Unified Health System (SUS) that promote humanization in the healthcare practice[1,2].

Humanization of assistance can be differently interpreted due to its subjective and individual configuration. From a legal point of view, it can be perceived as an inherent right to anyone. Technological advances are very important for providing care to patients assisted in the surgical center (SC); however, they can be complicating factors in the humanization process. Such circumstances are due to the increasing mechanization of assistance, which makes the need for humanizing the relationships between professionals and patients essential, but such situation is not auspicious for its effectiveness[3,4].

The SC corresponds to the hospital department aimed at performing anesthetic-surgical procedures and at post-anesthetic recovery. This place represents an intensified care environment that requires assistance from the multidisciplinary team focused on the specific needs of each patient. Hence, the activities undertaken in this place should be entrusted with systematic and thorough assistance, based on institutional standards, in order to condition the safety and well-being of patients and healthcare professionals[5,6].

The assignments focused on assistance in the SC need greater commitment from the professionals who work there, which is related to the patients' vulnerability, who are already languid, thus requiring humanized assistance based on communication and receptivity on the part of the team. Nevertheless, this situation becomes complex when observing that, under this scenario, the team feels overwhelmed by the excessive work demand on their activities, which generates greater tension and accountability[7,8].

Teamwork in healthcare services should provide the patients with better quality of care, aiming at their recovery and reintegration as soon as possible in their family and social environment. These exchanges of multiprofessional experiences, combined with effective communication and humanization of assistance, although presenting many challenges to be faced, ensure the patients an effective and quality treatment, allowing the rehabilitation of their health[9].

It is paramount to improve the knowledge of the surgical team on the humanization matter. A greater focus on this issue in undergraduate programs and institutions that provide healthcare services is of great relevance. Lectures, meetings, and congresses, combined with a greater commitment on the part of academics, professors, and healthcare professionals on the humanization process, would improve the quality of the care provided to patients, thus facilitating the understanding of their singularities, desires and feelings, that is, perceiving the patient as a "bio-psycho-socio-spiritual" being who needs attention, care, and affection[10,11].

Taking this into consideration, the interest in understanding what is the perception of the multidisciplinary team of the SC regarding the provision of humanized assistance has aroused. This research may lead to a better understanding and reflection on humanization processes in the provision of care to surgical patients on the part of healthcare professionals of the team working in this sector, in addition to the possibility of adding future research as databases.

OBJECTIVE

To understand the perceptions of professionals of the multidisciplinary team, by their knowledge and practical experiences, regarding the implementation of humanization in the SC environment.

METHOD

This is a qualitative study, with descriptive purposes. Data collection took place in the SC of a regional public hospital of medium complexity, located in the Western health region, Ceilândia, in Brasília, Federal District – Brazil, from August to October 2019.

Data collection consisted in an individual interview, composed of five open and guiding questions:

- what does humanization mean to you?;
- in your opinion, what strategies can be used to humanize care at the SC?;
- in your opinion, what is the main difficulty in humanizing care at the SC?;
- how can your profession contribute to humanize care at the SC?;
- in your opinion, how should the multiprofessional team be hold accountable for humanized assistance?

A total of 18 professionals were interviewed, namely: five nurses, five nurse technicians, five surgeons, and three anesthesiologists. In the category of anesthesiologists, five professionals should participate in the interview; however, due to the unavailability of some of them at the time of the interview, only three participated in the research.

The inclusion criteria were: professionals belonging to the multidisciplinary team of the SC and who were present at the time of the interview.

The exclusion criteria were: professionals belonging to the multidisciplinary team of the SC who refused to participate in the research or who were working at the time of the interview.

Data processing was conducted by content analysis as proposed by Bardin. According to the author, this method employs a set of techniques that analyze the communication of subjects based on objective and systematic processes of description of the content of the messages. Thus, it provides an accurate observation about the messages and the understanding of the interviewees' behaviors, providing a better understanding of their perceptions[12,13].

The interviews were recorded and transcribed, followed by an extensive reading of the material, highlighting the main words and key ideas, which were categorically analyzed and structured.

The speeches were protected by the use of acronyms and numbers that indicate the category of the interviewees, aiming to preserve their anonymity. For the category of nurses, the acronym "NUR" was used; for nurse technicians, "NUR TEC"; for, surgeons, "SURG"; and for anesthesiologists, "ANEST," followed by the number corresponding to the order in which the interviews were conducted.

The research complies with the ethical-legal criteria established by Resolution No. 466 of 2012, of the National Health Council. The project was approved by the Research Ethics Committee of Instituto de Educação Superior de Brasília (CEP/IESB), under Certificate of Presentation for Ethical Consideration (CAAE) no.15040119.7.0000.8927, and by the Research Ethics Committee of Fundação de Ensino e Pesquisa em Ciências da Saúde (CEP/FEPECS), under CAAE no. 15040119.7.3001.5553.

Formalization of acceptance to participate in the research took place by signing the informed consent form, providing information on the research, and by signing the Authorization for Use of Image and Voice for Research Purposes.

RESULTS

The 18 interviewees who composed the sample of this study considered several points and perceptions about humanized assistance in the SC, as shown in the categorization of the five questions addressed in this research.

Question 1: Perception of the multidisciplinary team concerning the humanization concept

Categories: Well-being. Empathy. Holistic care.

When asked about what it would be like to humanize, the interviewees mentioned that it is offering well-being to patients, seeking to assist them in a dignified manner, making them feel welcomed and respected in order to provide a quality care: "Humanization is making the patients feel good, treating them as humanly as possible. Patients will feel better, safer" (NUR TEC 01); "For one, it is treating the patients well, seeking to know what they are feeling" (NUR TEC 05); "Humanization means humanizing the patients [...], providing them with the best quality" (NUR 04).

The interviewees also highlighted the importance of maintaining an empathic relationship for others, considering the anguish of the other and seeking to resolve doubts about what will be done: "For you to be humanized, you must put yourself in somebody's shoes" (NUR TEC 02); "Humanization is treating the patient as a member of my own family" (SURG 02); "It's putting yourself in somebody's place, and doing your best when explaining

everything to the other person, all the procedures that will be performed, in the best possible way" (NUR 02).

They also highlighted the provision of care with a holistic focus as very relevant, covering the integrality of patients treated at the SC: "Humanization means treating patients in an integral way, not only because of their illness" (SURG 03); "It means having this view of the patient as a whole, not only seeing them with the disease that needs to be operated" (NUR 01); "It is when we care for the patient, aiming not only to solve that health problem, but seeing them as a whole" (NUR 03); "Humanization within the surgical center is understanding the patients as a whole, including their fears" (ANEST 03).

Question 2. Strategies that can be adopted to humanize the assistance at the SC

Categories: Teamwork. Effective communication.

As for this question, interviewees highlighted the need for teamwork as a strategy, in which everyone is important for fulfilling the humanization processes: "The strategies involve from the administration to the cleaning staff. Strategies concerning the conducts toward the patient" (NUR TEC 03); "I think that, if it is a multidisciplinary team, it should work together" (NUR 03).

They also pointed out that effective communication favors the provision of humanized assistance: "Communication between the teams [...] I think that's basically it. To establish a good relationship between the teams" (ANEST 02);

Team integration, as we often have isolated information [...]. The surgeon gives an information to the patient that is different from the anesthesiologist's, from the nursing staff's, precisely because we did not talk before, we did not discuss the case. So, a strategy would be the prior discussion of each individual case. I think these would be interesting strategies to make the assistance more humane for the patient (ANEST 03).

Question 3. Main difficulties in humanizing the assistance at the SC

Categories: Overabundance of patients. Few employees. Many assignments.

The participants of this study mentioned the overabundance of patients, few employees, and many assignments as hindrances for the provision of humanized care: "This is the greatest difficulty, because they stay for a short time and the assistance is limited. [...] There's lack of time [...] and we have few nurses. On duty hours, there's one nurse [...]. It is a lot of work for one person, and this also makes it very difficult" (NUR 01); "I believe it's the amount [of work], right? [...] many patients [...], little time, and the small number of employees so that you can provide the necessary care each patient deserves" (ANEST 01); "There's so many patients [...]. When there are many patients, we have a lot of work" (NUR TEC 01).

Question 4. Professional contribution to humanize assistance at the SC

Categories: Promoting guidance. Providing comfort.

When asked about the contribution of their profession to the humanization of assistance, the interviewees mentioned the promotion of guidance and provision of comfort to patients and their companions: "When patients have any doubts about the procedure, because they come here and they don't know what surgery they're going to do, what they'll undergo [...] [it is about] talking to the patients and ensure safety. I think it's up to paying attention" (NUR TEC 04); "Talking to the patient, right? [...] To perceive what are their anxieties, their anguish. I think this is our primary role" (SURG 01);

> To better welcome the patients, comforting them, not just calming them down, right? Because they come [to the hospital] in fear of the environment, which they don't know well, they are already afraid of the surgical procedure, of everything. We must inform them what will be done in the best possible way (SURG 02).

Question 5. Accountability of humanized assistance for the multidisciplinary team

Categories: Individual task. Collective task. Management task.

Regarding this approach, the interviewees gave verbose replies: some said it was a collective task; others, and individual one; and they also mentioned that it is necessary for the management to request from the team to implement humanized practices: "Each one occupying their role can already be hold accountable" (NUR TEC 02);

I think it has to be a joint responsibility. I think everyone is a healthcare professional, everyone aims at something good; in my opinion, a unique good, not their own good, right? Everyone wants the patient to leave the hospital in the best possible way (SURG 03).

> "I think that the head, the head of the team, both the nursing and the medical management, should have a service protocol" (NUR 03); "Responsibility must be delegated by the heads of teams and services in general, delegated and instituted by the higher ranks of the service" (ANEST 02).

DISCUSSION

Humanization has a great influence on the health-disease process and transcends the technical assistance provided to the patient. Humanizing means loving what you do, based on ethical and moral principles, prioritizing the human life, always seeking the well-being of those who need attention and assistance[7]. Accordingly, the interviewees of this research listed some points, such as the patients' well-being and empathy for others, in addition to providing care with a holistic approach, describing the characteristics that involve the complex act of providing humanistic care.

Undoubtedly, there is consensus among the speeches of members of the multidisciplinary team of the SC, participants of this study, on the fact that providing humanized assistance, among other perceptions, means providing comfort to the patient. In this regard, a study mentions that the humanistic relationship between the professional and the surgical patient is of vital importance for a good perioperative experience[7]. Another study describes that the dialogue and interaction between professionals and patients are paramount, making the horizontalization of human interactions feasible, giving dignity to subjects and the understanding of their feelings[14].

Furthermore, by reconciling what has been previously mentioned about the provision of holistic care, which covers the integrality of the patients' physical, psychological, social, and spiritual foundations, it is possible to guarantee quality in the practical implementation of their right to health. Corroborating this perspective, a research contextualizes the importance of the universalization of health care, in such a way to provide care meeting all the patients' demands, and that a separation of these elements can negatively interfere in the structuring of an effective therapeutic relationship[15]. Therefore, when treating patients with efficiency and affection, giving them attention, aiming at their well-being, it is possible to gain their trust and facilitate the provision of care, as patients feel welcomed and safe with the team assisting them.This humanized assistance is more than just being physically close to the patient. To do so, it is also necessary to be empathetic, seeking greater reflection on the wishes and needs of the others, making a self-reflection about your own pain, and understanding that all people are similar at physical, mental, and spiritual levels[16].

The participants highlighted that the multidisciplinary work favors the provision of humanized assistance, considering that the interaction of knowledge of the most diverse health areas provides better therapeutic planning for those seeking care. And, for an effective and qualified combination of knowledge to occur, it is essential to have effective communication. Accordingly, a scientific study mentions that, through efficient dialogue, it is possible to have debates and improve ideas, to discuss opinions and to exchange information aiming at structuring a common objective, which is the provision of humanized assistance[9].

Other studies state that, in order to provide quality care and satisfactorily respond to the patients' needs, collective action, in addition to objective and clear communication, is paramount. Through teamwork, organization and division of tasks, performance of ordered actions, and by sharing opinions and ideas, it is possible to provide integrality and continuity of patient care, comprising the entire biopsychosocial context. Moreover, lapses in the relationship between interdisciplinary communication and teamwork can lead to irreversible health complications for the patients and, consequently, to the reduction of the efficiency of the provided care[17,18].

Therefore, the quality of humanized assistance at the SC, among other factors, depends on assertive communication and on good interpersonal relationships of professionals working in this sector. The importance of the exchange of knowledge between care teams is clear, considering that all are of great importance for providing care in the best possible way, aiming at quality and efficiency[16].

Based on the question concerning difficulties encountered by professionals in providing humanized assistance at the SC, it was noteworthy to observe what the care teams perceive as difficulties in the sector that affect the effectiveness of humanized practices. All teams consistently

mentioned as difficulties the conjuncture that denotes the SC as an environment with a high flow of patients in transitory demand, in addition to the high demand for assignments to be performed and the small and disproportionate number of employees.

In line with the aforementioned notes, some authors consider that the lack of time of professionals working in the SC is a hindrance to the implementation of humanized assistance to patients. This problem may be due to the excess of performed procedures, with a short interval between them, the low number of employees, and the exorbitance of bureaucratic practices that take a long time from the work shift of the team, especially the nurse team, reducing and even preventing the direct affability toward each patient[19].

Moreover, consolidating the relevance of the findings of this research about the difficulties to humanize, the same aforementioned authors point out that the disproportionate number of professionals, in comparison to the abundance of patients, makes the implementation of humanization unfeasible, resulting in the depersonalization of human relationships between the multidisciplinary team and the surgical patient, deteriorating the efficiency of the provided care[19].

Within a thorough and comparative analysis of the speeches presented by the professional categories, a disparity of conceptions was perceived in relation to the task of the multidisciplinary team, considering that all teams deemed themselves as the main responsible for the fulfillment of humanized practices, thus disengaging themselves from the main characteristic of the correct performance of multidisciplinary practices, which is teamwork. Nevertheless, all teams showed consensus when stating that their profession can contribute by promoting guidance and comfort to patients and their companions, keeping them aware of all the processes inherent in the procedure in question.

In parallel with the aforementioned statements, research findings point out that guidance is seen as a fundamental part of the humanization process to support the patients and make them comfortable and confident in relation to the procedures that will be performed, and such is a constituent part of the assignments of each professional class. To do so, it is essential to establish a clear communication process in the professional-patient relationship, taking into consideration that establishing a good communication indicates the feeling patients will evoke during the experience[11].

As for how the multidisciplinary team should be hold accountable for humanized assistance, most professionals showed prolixity in the matter, a fact that constituted a series of repetitive conceptions about it. Some refer to accountability as a collective task and others, as an individual one, inherent in each professional. However, there was an interdisciplinary consonance related to self-imposition and demand regarding the implementation of humanized practices, which, according to some professionals, is a task to be performed by team managers.

All in all, it is evident that one of the primary processes of the SC flow is flawed, which is teamwork. A research shows that the basis of interpersonal development is communication, with which it is possible to influence attitudes, both positive and negative, in addition to constituting multiprofessional skills. Thus, by establishing an effective communication between the teams, it will be possible to compose a work dynamic favorable to the provision of humanized and quality care[20].

CONCLUSION

For the multidisciplinary team, humanized assistance involves aspects inherent in the condition of being human, such as providing well-being to others, being empathetic in relation to their anguish, and hospitable when dealing with their needs, understanding the individual as unique and irreplaceable. Some respondents understood that humanization requires teamwork, in addition to effective communication. Consonance and mutual cooperation are essential, considering that humanitarian care must be provided by everyone rather than just some of the professionals.

Other statements related work overload, insufficient professionals, lack of time, and overabundance of patients to complications that harm humanized care. It is worth mentioning that adequate conditions in the work environment are of great relevance to the quality of care. However, would it really be essential to adapt the statements previously mentioned to humanize the assistance at the SC? Should humanization not be an intrinsic premise of human beings?

It is evident that issues concerning the humanization terminology are wide and that, in this study alone, it is complex to detail and expose all the fields involved in this approach. Therefore, seeking a theoretical-practical deepening concerning what is expressed in this research can pave the way to new views, new questions, and new perspectives.

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