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The National Humanization Policy and the training of health professionals

La Política Nacional de Humanización y la formación de profesionales de la salud
A Política Nacional de Humanização e a formação dos profissionais de saúde

ABSTRACT
Objective: We sought to highlight the relevance of the National Humanization Policy in the training of health professionals. Methods: This is an integrative literature review. It took place from a structured form, with a focus on structure, organization and documentation. PRISMA guidelines were used to support the review process. Inclusion criteria were: articles published in Portuguese, available in full, from 2003 to 2019, in the scientific article modality. As for the exclusion criteria: duplicate articles and those that did not directly address the proposed theme. Results: 31 articles were found, of which 12 were included, in the period from 2003 to 2019. Most of the articles point to the importance of the approach of Humanization and the National Humanization Policy. Conclusion: It is expected that this study will encourage and support new discussions about the importance of linking humanization to the training of health professionals. Being able to multiply reflections related to the ways of producing humanization in health services.
DESCRIPTORS: Humanization; Health professionals; Health education.

RESUMEN
Objetivo: Se buscó resaltar la relevancia de la Política Nacional de Humanización en la formación de profesionales de la salud. Métodos: Se trata de una revisión bibliográfica integradora. Se desarrolló desde una forma estructurada, con foco en estructura, organización y documentación. Se utilizaron las pautas PRISMA para respaldar el proceso de revisión. Los criterios de inclusión fueron: artículos publicados en portugués, disponibles en su totalidad, de 2003 a 2019, en la modalidad de artículo científico. En cuanto a los criterios de exclusión: artículos duplicados y aquellos que no abordan directamente el tema propuesto. Resultados: Se encontraron 31 artículos, de los cuales se incluyeron 12, en el período de 2003 a 2019. La mayoría de los artículos señalan la importancia del enfoque de Humanización y la Política Nacional de Humanización. Conclusión: Se espera que este estudio estimule y apoye nuevas discusiones sobre la importancia de vincular la humanización a la formación de los profesionales de la salud. Ser capaz de multiplicar las reflexiones relacionadas con las formas de producir humanización en los servicios de salud.
DESCRIPTORES: Humanización; Profesionales de la salud; Educación para la salud.

RESUMO
Objetivo: Buscou-se evidenciar a relevância da Política Nacional de Humanização na formação dos profissionais da saúde. Métodos: Trata-se de uma revisão integrativa da literatura. Concretizou-se a partir de um formulário estruturado, com foco na estrutura, organização e documentação. Como suporte ao processo de revisão foram utilizadas as diretrizes PRISMA. Considerou-se como critérios de inclusão: artigos publicados em português, disponíveis na íntegra, no período de 2003 a 2019, na modalidade artigo científico. Quanto aos critérios de exclusão: artigos em duplicidade e os que não abordavam diretamente a temática proposta. Resultados: Foram encontrados 31 artigos, dos quais 12 foram incluídos, no período de 2003 a 2019. Em sua maioria, os artigos apontam a importância da abordagem da Humanização e da Política Nacional de Humanização. Conclusão: Espera-se que este estudo incite e subsidie novas discussões acerca da importância da vinculação da humanização à formação dos profissionais de saúde. Podendo multiplicar reflexões relacionadas às maneiras de se produzir humanização nos serviços saúde.
DESCRITORES: Humanização; Profissionais de saúde; Educação em Saúde.

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INTRODUÇÃO

Humanization corresponds to an expression of difficult conceptualization, due mainly to the fact that it is multidimensional and subjective. There are some definitions of the word “humanize” in the dictionaries of the Portuguese language: to become human, to civilize, to give human condition. In this context, it becomes possible to state that humanization is a process that is constantly changing and that is influenced by the context in which it occurs, only being promoted and submitted by man himself. [1]

When inserted in the context of health, humanization, much more than the purely technical quality of professionals, requires quality of behavior. Humanization must progress, more and more, to constitute itself as an organic aspect of the Unified Health System, fostering a continuous process of contracting, of agreement that is only effective after the heating of networks and strengthening of collectives. [2]

At the end of the 1990s, there was an expansion of government policy proposals regarding humanization in health. In 2001, the Ministry of Health launched the National Program for the Humanization of Hospital Assistance (Programa Nacional de Humanização da Assistência Hospitalar - PNHAH). This proposed integrated actions aimed at changing the standards of care for users in public hospitals. The Program addressed the need for cultural transformation in the hospital environment, guided by humanized service to the user, understanding that this would result in greater quality and effectiveness of the actions developed. [3]

The daily experience of care in health services and the results of research evaluating these services have shown that the quality of care for users is one of the most critical issues in the Brazilian health system. A public opinion survey conducted by the Ministry of Health of Brazil showed that, in the evaluation of users, the form of care, the ability shown by health professionals to understand their demands and expectations are factors that are considered to be more important than the lack of doctors, the little space in hospitals and the lack of materials. [3]

This assessment attracted attention to issues related to what was called “dehumanization” in health, several actions were developed and the National Humanization Policy (Política Nacional de Humanização - PNH) was instituted. It was launched in 2003, seeking to put into practice the principles of the Unified Health Sys-

tem (Sistema Único de Saúde - SUS) in the daily life of health services, producing changes in the ways of managing and also caring. 4 The policy encourages communication between the actors involved in the public health scenario (managers, workers and users), placing them as protagonists.

In the training processes, the PNH can be considered essential to reposition training in SUS and for SUS, as it presents itself as an offer to SUS in its entirety, whether for management, care, training and research processes.

The PNH has some principles as important tools to guide the training processes, four of which can be mentioned, the first considers the inseparable relationship in which training is intervention and intervention is training. It should be noted that the predominant area of training in the health area corresponds mainly to the SUS service network. Since training is an inseparable exercise of experimentation, of living together, of exchange between subjects in real and concrete situations in the daily life of services, it is exactly the quality and intensity of this exchange that guarantees good training processes.

To trigger the intervention as producing changes in this experience, there is a need for another principle, that of inseparability between management and attention, and between clinic and politics. Thus, training cannot be limited to the field of care practices, as there is a strong influence of management modes, especially with regard to the organization of care and work flows, physical and technical structure. The demand is for health workers to be trained who have the technical and political capacity to foster the construction of new realities and practices, which are more effective, fair and egalitarian.

Teamwork is a third principle of training for PNH. Health production is a complex phenomenon, which requires an organized articulation between knowledge and the continuous production of exchanges between health workers of all categories of professionals and students, with the intention of producing the best responses for cases, especially for individuals, based on multiprofessional experimentation. The demand and need are of an ethical and political nature, and must be one of the conditionalities of the training of health workers. To the three principles mentioned, it is necessary to add the need for the training processes not to nourish themselves from the predominant fragmentation in the health system, still little disposed in care networks.

Teaching can be considered as the main ally with regard to the necessary changes in humanized health care. This education should be extended to professionals and students. To professionals working through permanent education, based on their daily work. To those who are still students by breaking the teaching standard based only on technical procedures. Starting with an education based on two essential pillars: the technical-scientific portion and the portion of welcoming, careful attention, co-participated, forming the directional axes between education, health and work.

Thus, the objective of the study is to highlight the relevance of the National Humanization Policy in the training of health professionals.

METHOD

It is an integrative literature review, referencing the relevance of humanization in the training of health professionals. The method chosen makes it possible to analyze scientific research in a systematic and broad manner, favoring the characterization and dissemination of the knowledge produced 5, as well as making possible the synthesis of the state of knowledge of a given theme, providing the identification of knowledge gaps that need to be filled with new researches. [6] Data collection took place in September 2020 and took place from a structured form, with a focus on structure, organization and documentation. PRISMA guidelines were used to support the review process. The methodology supports the synthesis of several published studies and allows general conclusions about a particular area under study. [7]

The integrative review is guided by a methodological path composed of six phases: definition of the review problem (elaboration of the guiding question, establishment of descriptors and criteria for inclusion / exclusion of articles); sampling (selection of articles); categorization of studies; definition of the information to be extracted from the reviewed papers, analysis and discussion about the technologies used and synthesis of the knowledge evidenced in the analyzed articles or presentation of the integrative review. [7]

Initially, the topic of interest was identified, and the research was conducted based on the following guiding question: What is the characterization of publications disseminated in online journals, from 2003 to 2019, regarding the relevance of the National Humanization Policy in the training of professionals of health? To identify the publications that made up the integrative review of this study, an online search was carried out, with the survey in the databases Medline, Lilacs, Cochrane, in the month of September 2020. For that, the following Descriptors in Science of the Health (DeCS): Humanization, Health professionals, Health Education.

The study universe consisted of 31 publications relevant to the theme investigated, made available in online journals, of which 12 articles constituted the sample, considering the following inclusion criteria previously established: articles published in Portuguese, available in full, in the period of 2003 to 2019, in the scientific article modality. As for the exclusion criteria, the following were taken into account: duplicate articles and those that did not directly address the proposed theme.

For the data collection of the articles that were included in the integrative review, an instrument was elaborated, which was submitted to the apparent and content validation by two judges. The judges, with experience in the investigated topic, made suggestions for changes to the instrument, which were mostly accepted. The instrument includes the following items: identification of the original arti-

cle, methodological characteristics of the study, evaluation of methodological rigor, of the interventions measured and the results found. Then, the data obtained were grouped and presented in tables, to better visualize the characteristics of the studies included in the integrative review.

RESULTS

To facilitate the visualization of the results, the flowchart below was prepared

As for the percentage of studies per year of publication (Chart 1).

As for the percentage of study and type of publication, the table below illustrates in a simple way (Chart 2):

Figure 1 – Flowchart according to Prisma, to select the studies found. Maceió, Brazil, 2020

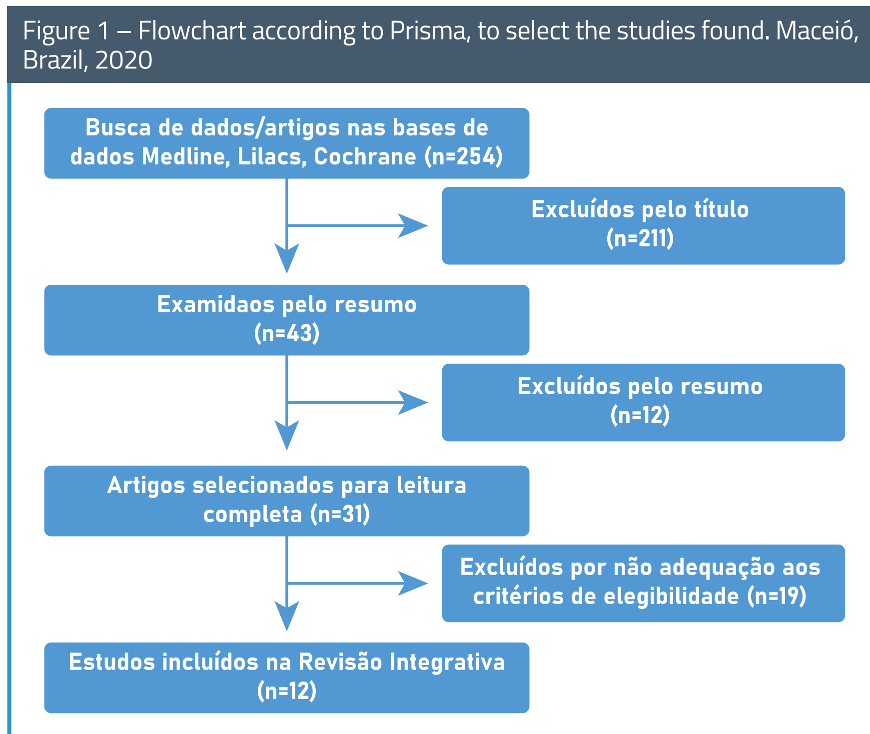

Chart 1: Representation of the percentage of articles by year of publication, Maceió - AL, Brazil, 2020.

PORCENTAGEM DE ESTUDO	ANO DE PUBLICAÇÃO
8,33%	2011
8,33%	2012
41,67%	2014
16,67%	2015
8,33%	2016
8,33%	2017
8,33%	2018

Chart 2: Representation of the percentage of articles by type of publication, Maceió - AL, Brazil, 2020.

PORCENTAGEM DE ESTUDO	TIPO DE PUBLICAÇÃO
7	Relato de experiência
3	Revisão
2	Estudo de caso

DISCUSSION

In a didactic way, the discussion was divided into sub-themes: Humanization in health, The National Humanization Policy, Humanization in training and health work.

Humanization in health

During the proposed study, it is possible to identify how important humanization is in the training of professionals, corroborating with Barbosa 8, who presented previous works where a humanization policy and the education of health employees and students were identified, highlighting the practice of promoting health in patients, making it integral, encompassing a vision far beyond the technique in clinical practice, understanding the needs and patient complaints.

Currently, humanization has been frequently addressed in health debates and recent health research, always aiming at improving attention with the consolidation of principles and values, being addressed from a discourse that values emotional and subjective aspects to aspects involving changes in health management and practices. [9]

To Casate[10], humanization is defined as a state of well-being, involving affection, dedication, respect for others, that is, it considers the person as a complete and complex being.

According to Martins [11], humanization can be defined as value, with respect for human life, including social, ethical, educational and psychological circumstances present in every human being and, consequently, in interpersonal relationships. This value must be present and complemented with technical and scientific aspects.

Currently, the term humanization is applied to those situations in which, in addition to valuing care in its technical and scientific dimensions, the patient's rights, autonomy and subjectivity are recognized, without forgetting the recognition of the

professional also as a human being, ie , presupposes a subject/subject relationship. [12]

Humanization, therefore, cannot be left to when the professional has already been working in their training, it is necessary that this learning be initiated in the academic environment. Therefore, themes of life and human experience in general should be included in health education.

The National Humanization Policy

The PNH, based on the recognition of innovative and concrete experiences that make up a "SUS that works", encourages communication between managers, workers and users to build collective processes to face relationships, power, work and affection that often produce dehumanizing attitudes and practices that inhibit the autonomy and co-responsibility of health professionals and users. [11] It is based on three principles: inseparability between attention and management of health production processes, transversality and autonomy and the protagonism of the subjects. [13] And according to Roza et al.[14], has as guidelines: Reception, expanded clinic, co-management, defense of user rights, promotion of groups, collectives and networks, valorization of work and workers, construction of the SUS memory that works. For an effective humanization, these principles and guidelines must be applied and understood by both the professional and the user.

The PNH can be implemented in any health service, such as: health centers, Family Health Units, emergency services, hospitals, health departments, including the entire health network, as long as there is a commitment to reorganizing the service. in another perspective, that of adherence to the PNH proposal. This proposal is based on the production of health and production of the subjects involved: workers, managers and users. [13,15]

Pereira [13], states that for an intervention in the modality proposed by the PNH to take effect, it cannot be restricted to the actions of isolated groups, specific departments, well-intentioned teams or implicated managers; it should include master plans, service plans, team interventions and welcoming users.

The implementation of a policy is complex and requires approaches compatible with that complexity. It is believed that the PNH is in fact a utopia with possibilities for realization. It presents innovation in relation to private sector practices by aiming to overcome a humanization model centered on 'customer satisfaction', associating care practices with management practices. [13]

Humanization in training and health work

In the current health practices, it is clear that a verticalized power system with many hierarchical levels can induce disengagement and alienation among health workers, reducing co-responsibility for actions and results. It is understood that such practices are in line with the PNH proposal, and that the policy, through its principles and guidelines, seeks to reframe them. [16]

In this context, the strategy of implementing humanization practices in the work environments of these professionals [13], it is of essential relevance, as many health institutions fail to treat professionals in an appropriate way, failing to offer conditions for them to carry out their activities in a way that they will not be overworked and thus having a better quality of life and humanization in the environment in which they provide their services.

The PNH training courses are designed to train health professionals who can develop the ability to analyze work, foster and consolidate changes in management and health care modes. [17] In this way, the training process is based on concrete intervention practices, whose PNH references become operationalized in order to produce collective practices between and with the different SUS actors: users, workers and managers. These are processes where training is not separate from intervention, in the same way that concrete work situations are privileged spaces for training. [18]

In the PNH concept, the educational construction process stands out is necessary for the humanization of health care as a whole. The relevance of the teacher-student link in the professional construction in health and experience is shown when it comes to practice, in the various learning fields, through an internship for a training in humanization based on SUS principles. [19]

In the literature, there is a description of the Permanent Education Policy for the construction of continuing education for health workers, qualifying and in accordance with the priority policies of the Ministry of Health, adding value to the renewed policy through an intersectoral activity, practices that they develop both the individual and the collective environment, developing the execution of work in local management in health care and the social domain. [20]

It is not enough to implement a process to improve the quality of care, it is necessary to reward and recognize the effort of the professionals involved. Thus, after prioritizing the importance of the worker as a fundamental element for humanization, investment actions must be implemented in terms of sufficient number of personnel, wages and adequate working conditions, as well as educational activities that allow the development of competence to care for him/her.

To Rosevics et al.[12], humanizing is necessary. But this must be a movement for health and quality of life that starts from all the fronts involved in the process: politics, citizenship, care actions, professional teams, the society that consumes health services, SUS, management systems and employers.

CONCLUSION

Understanding the human being is of fundamental importance in health care. Humanization is the result of a process that starts from the needs of the whole. It is necessary to cover initiatives that aim at the democratization of the relationships that involve care, constitute a good relationship, based mainly on respect, dialo-

gue and recognition of the role of each actor that makes up the SUS scenario.

In the teaching process it is necessary for students to develop a holistic view of the patient, their work environment and their social environment. Although constant transformations are present in the curricula of undergraduate courses, interventions are still necessary for humanization to be present effectively in academic training and clinical practice. The adoption of a philosophy of humanized care is necessary for the already active and future professionals to internalize this form of care, and to develop their human practices.

In view of the above, it is expected that this study will serve as a subsidiary of new discussions about the importance of linking humanization to the training of health professionals. Being able to multiply reflections related to the ways of producing humanization in health services, as well as concrete acts that allow the real implementation and full functioning of the National Humanization Policy in an irreproachable way as it was conceived. ■

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