HUMANIZING NURSE-PATIENT CHALLENGE AND A COMMITMENT

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ABSTRACT

Nurse-patient communication has been a pre-established, unvarying, technical professional and impersonal form of manifestation, reflecting mainly the achievement of nurse’s instrumental role. This situation is opposed to our nursing concept as well as to the professional values that we incorporated during our professional life, all of which emphasize the importance of the person and the patient and the meaning of the visualization of care to a total human being. The present study aims at discussing this question, propitiating an opportunity of reflection about the necessity of humanizing this relationship in the Brazilian scenery. Thus, we focused on the importance of nurse-patient relationship not only as an essential component of nursing assistance but also as a treatment in itself. In addition, we stimulate nurses to examine the way they are taking care of human beings: as objects to be manipulated and treated or as persons that need care and comprehension. The article is concluded with the thesis that nursing is not a technical profession that manipulates knowledge and technologies but a work of valuing human beings, their freedom and dignity.

KEYWORDS: Humanization; Nursing Care; Caring; Communication.
More and more, the communication centrality in nursing care has been recognized in spite of the lack of research that supports this point of view. Since nursing institutionalization, there are registers affirming the relevance of an effective communication in the nurse-patient relationship.

Nightingale\(^1\) succinctly described the difficulty in establishing a real communication with the patient: "no mockery in the world is so hollow as the advice showered upon the sick. It is of no use for the sick to say anything; for what the adviser wants is, not to know the truth about the state of the patient, but to turn whatever the sick may say to the support of his own argument, set forth, it must be repeated, without any inquiry whatever into the patient's real condition".

In particular, Stoner\(^2\) affirms the importance of communication in two ways through which there is a feedback to the transmitter; then, the receiver feels safe and confident with the possibility of asking questions and clarifying doubts. In addition, Drucker\(^3\) states that relationships in two ways are the only ones that work well. "The true test of a relationship is not that it can solve problems, but to work in spite of them". The problems are not irrelevant, but they do not mix up what is important.

Considering the influence of Cartesian thought on the biomedical model. Capra\(^4\) argues that the mechanistic concept of the human body and the technical approach of health caused an excessive emphasis on medical technology that is considered the only way to improve health. The author comments that the increasing dependence of medical care upon a complex technology accelerated the tendency towards specialization and reinforced the physicians' propensity to treat parts of the body instead of caring for the patient as a total being. He mentions that with the transference of medical practice to hospitals, this institution became "progressively depersonalized, sometimes inhuman ... emphasizing the technology and scientific competence and minimizing the contact with the patient".

In the actual health system, the medical role within the health team is largely recognized due to this professional authority that is respected in our society -the authority of knowledge in the context of the health-illness process. Therefore, the physicians influence the other professionals that are also providing the patient's care.

According to Capra,\(^4\) "nursing personnel, although usually highly qualified such as the therapists and sanitarians, are considered mere assistants and can rarely can use all their potential. In view of the narrow biomedical concept of disease and the patriarchal pattern of power in the health systems, the important role performed by nurses in the healing process, through the contact with the patients, is not really recognized."

Johnson & Martin\(^5\) point out that in the physician - nurse - patient social system, the nurse performs an expressive function if compared with the physicians, that perform an instrumental one. Nurses integrate this triple relationship system, as they are the
intermediary persons between the physicians and patients. These authors suppon the argument that the instrumental functions are primarily performed by physicians, and secondarily by nurses, while the expressive functions are primarily performed by nurses and secondarily by physicians.

As an expressive specialist, nurses do what physicians can not do, giving an unique contribution to the physician-nurse-patient social system. Thus, these authors suggest that nurses "importance lies in their expressive significance although they recognize the need for nurses' instrumental performance in the caring process: their physical care is also important as an expression of their attitude to the patients. Maintaining a pleasant physical environment, when taking care of the patients, nurses express their concern with them - what is very important to the patients' emotional well-being. If nurses treat patients as physical objects, instead of persons that they are concerned about, a great degree of the therapeutic effect of their activities is lost.

In our environment, Mendes found that the communication developed by nursing personnel with patients appears as an interaction over functional problems or it is an interaction based on technical attributes of the nursing personnel. There is an excessive professionalization in this communication process, producing a mechanized and depersonalized relationship, involving formal and impersonal aspects, in detriment of human values.

Often we affirm the influence of Taylorism in the Brazilian nursing practice, determining an organizational and functionalist development of the work, with everything standardized, causing a communication centred in tasks, in technical proceedings among the health team and between patients and care providers.

Ferraz investigated ways of nursing performance, specifically nurses' administrative practice, stating that nurses administrators are searching for their tranquillization through the domestication of the professionals. She reports that this powerful remedy causes people's inertia and adaptation to the established system. Nursing personnel adaptation behavior constantly exempted the administration from daily conflicts and negotiations. However, it is healthy verifying that this instrument of social control has been questioned and rejected by some nurses that resist to apply it, in order to live the conflicts in the space they appear, utilizing thoughtful attitudes to the group of work. The relativity of the postures shows the possibility for scientific management transfiguration, opening spaces for negotiations without the fear of exposing the established order...even so because irresponsible behaviors must be seriously treated, meaning, in management terms, to search for solutions in an area close to the problem.

We believe in the possibility of change and this opinion is based on the declarations of the subjects investigated by Ferraz. We agree with the author when she says that the
empirical data of her research shows attitudes of repulsion to the actual administration style applied to nursing, leading us to believe in the saturation of this way of thinking and acting in nursing. In any way, it is impracticable to continue without changes, involving a new posture regarding the nursing interaction process. Our expectations correspond to the humanization of this interaction.

In order to contribute to this humanization, this study aims at distinguishing nurse-patient communication, approaching it as a challenge and a commitment and giving an opportunity for reflection about the necessity of humanizing this relationship in Brazilian society.

HUMANIZING NURSE-PATIENT RELATIONSHIP: A FUNDAMENTAL VALUE OF CARE

Considering the elements that validate the process of caring, Coiliere\textsuperscript{8} attests that nursing care is situated in the cross-section of the system of beliefs and values that interact and influence themselves mutually. She points out the need for consciousness about the factors liable to influence beliefs and values subjacent to nursing care, bearing in mind the possibility of nursing adopting any type of orientation or suffering other influences. As a profession, nursing is influenced by a group of beliefs and values that are inherited and introduced within the professionals that provide the care, not forgetting the institution and society's influences.

Communication is an essential professional value in the orientation of nursing practice. Nursing care derives from a meeting of two or more persons and it is a specific process in each different situation, elaborated by the person providing the care and the one receiving it. According to Colliere\textsuperscript{8}, this process should not constitute an object of systematic application of knowledge or systematic application of instruments, because it is created from what is learned with the information originated in the situation, that is decoded in order to understand its meaning and use in the care. This finding depends on discernment that comprises two steps:

1. "to learn about persons based on what they say - without using stereotyped or systematic inquires that try to fit persons into a category, a classification, instead of comprehending what they say about themselves and with respect to their context of life";
2. "to decode what persons and groups try to say comparing it with sources of knowledge that give signification clues".

Based on this argument, we emphasize the importance of the nurse-patient relationship not only as an essential component of nursing care but also as a treatment in itself.

Only then will human and social values be emphasized.
Human value in the nurse-patient relationship is based on sensitive reason. According to Ferraz, the sensitive reason would not disregard scientific logic, but it would be one element of analysis of certain situations. In addition, we conceive nursing knowledge and practice as a whole of scientific rigidity, common sense, good sense and human sensibility as we understand that only by thinking in a global perspective will we be able to humanize the nurse-patient relationship and to react with creativity and innovation to the situations that constitute the tragic hospital quotidian.

Further, Collins approaches communication as an art and a science: "effective communication is not a natural consequence of the helping commitment. It is a worthwhile ideal, but the combination of art and science should help make the goal of effective communication more real. Although science has expanded the boundaries of human knowledge, human experience may resist codification in purely scientific formulations. Thus, meaningful communication is a creative process, infusing knowledge and skills with feelings".

Finally, we recommend nurses to examine the way they are taking care of human beings: as objects to be manipulated and treated or as persons that need care and comprehension. This is a challenge and a commitment. Committed nurses are not satisfied in only playing a role, but try to be honest with themselves; they aim for a link between their actions and their being, as they chose a profession that promotes human beings in all their freedom, uniqueness and dignity.

REFERENCES


