

The Environment as Potential of Humanization in Pediatrics: From Florence the National Humanization Policy*

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Abstract

The objective was to reflect on the environment in paediatric unity as a potential for humanization of care. Florence Nightingale's atmosphere was addressed to this day and the environment in the perspective of the National Humanization Policy. It was found that the environmental aspects considered by Florence, a century, resurface as a focus of public health interest through the National Humanization Policy, in order to meet the demands of child and family care through a hospitable environment that meets their needs. Based on this perspective, nurses and managers need to plan the environment of the paediatric unit, building spaces for the comfort and production of subjectivities, as well as using the environment as a facilitator tool for the work process.

Keywords: *Environment of Health Institutions; Humanization of Attention; Hospitalized Child; Nursing*

Introduction

Care in pediatrics raises the promotion of an environment that meets the needs of the child through a differentiated look that ponders the specificity of this phase of life, in which it is more difficult to deal with the illness and fear caused by it [1]. Even with the existence of pediatric units, specific for the hospitalization of children, the negative experiences departing from hospitalization are not smoothed, because, generally, the lack of material and equipment, added to the diversity of professionals who provide care, hinder the construction of a welcoming and structured environment to care for the child in an integral and humanized way [2].

Transforming the environment is a possibility to make hospitalization in the pediatric unit less traumatizing, supporting the practice of health professionals in the construction of humanized care for children. The transformation of the hospital environment refers to the treatment given to the physical, social, professional and interpersonal relationships. For this, the National Humanization Policy (NHP) proposes the ambience as the guide of care based on three axes: construction of an environment that aims at comfortability and the production of subjectivities, as well as, can be used as a tool that facilitates the work process [3].

In this context, nursing is in a privileged place to transform the environment and contribute so that humanized care does not constitute an abstract and disarticulated concept of reality, since nurses play a fundamental role to ensure that the encounter of care involves awareness and sensitivity in interaction with others [4]. In addition, they compose the majority professional group in hospital care, occupying a

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strategic position, since they interact with patients, family members and other sectors and professionals of the institution, adding subsidies to plan and implement care actions that make the hospital environment less stressful and aggressive possible [5].

Envisioning to expand knowledge and support the practice of pediatric nursing, in order to build welcoming and harmonic environments that contribute to humanize child care, the objective is to reflect on the environment of the pediatric unit as a potentiality of humanization of care. To this end, a reflexive study was carried out in which the environment was first discussed from Florence Nightingale's perspective to the present and the environment from the perspective of the National Humanization Policy (NHP).

The environment from Florence Nightingale's perspective to the present

In nursing, care was highlighted in the figure of the English nurse Florence Nightingale (1820 - 1910), considered the precursor of professional nursing for preparing women for the exercise of patient care, which before her time was performed by disabled people [6]. In 1854, she became known after her work in the Crimean War, becoming legend and being known as the Lady of Lamp, for conducting night rounds with a lantern to care for the wounded soldiers [6,7].

In their time, hospitals were characterized as places with little or no hygiene, which caused patients undergoing treatment to suffer more frequently due to the environment, than with the disease that had led them there.⁶ Nightingale described the poor sanitary conditions of these hospital facilities, struggled for bandages, food, beds and cleaning supplies [8]. He left as a legacy, the knowledge acquired in his experiences, which were synthesized in several publications. Among them, we highlight the book *Notes on Nursing* (*Notes on Nursing*) that reached several areas of knowledge, such as Architecture, Statistics, Sanitary Engineering, and others [7].

Her publications contributed to the title of mother of modern nursing due to the contribution to the scientific development of the profession, whose basis for nursing practice has as its basic foundation the relationship between the health-disease process and the environment [8]. Florence emphasized that care should understand, in addition to biological aspects, the environment in which the person is inserted, taking into account the environmental factors that cause damage to health. Recognizing that the environment can exert positive influence, as it offers conditions for the well-being and full realization of human capabilities, or negative, when it promotes the appearance and maintenance of diseases, injuries and traumatic injuries [9].

Even with Florence's teachings, even today, the bases that have grounded nursing care, for the most part, are reduced to the dimension that brings in itself a significantly biological knowledge, focused on the recognition of signs and symptoms of diseases [10]. Thus, it is necessary that child care understands that it is a being in constant development, both in relation to somatic development, with the differentiation of the various organs, as well as neuropsychomotor development, with psychoemotional differentiation [11].

In her practical experience, Florence identified that the imbalance in the physical environment - in ventilation, heating, light, noise, cleaning rooms and walls, among other aspects - influenced the social and psychological environment of the person, raising greater energy from the physical environment to compensate for environmental stress, consequently removing from it the energy essential for the healing and/or improvement of his health status [8].

Considering the stressful factors in the hospital environment, meeting the demands of the child and his/her family is to provide humanized care through nursing actions that can transform hospitalization into a less suffering and traumatizing experience [12]. Such actions can be achieved by the adoption of simple attitudes that do not require high costs and easily resolving such as placing the patient's bed in an appropriate place in the room, that gives it a view of the outside world and sunlight; the stimulus and guidance to visitors, in the sense that they provide a greater amount of entertainment or stimuli in the environment; the patient's awakening less often and less suddenly, in addition to offering a calm atmosphere with less agitation. Florence herself suggested the manipulation of the environment in nursing care, through changes in color and pictures that made up the ward and the offering of flowers or plants to patients [8].

In his writings, the environment is considered the main concept, covering all external conditions and influences that affect the life and development of the human being, capable of preventing, suppressing or contributing to disease and death. Despite recognizing the psychological, social and physical dimensions, Florence tended to devote greater emphasis to the physical environment, because, when it is adequate, greater attention can be paid to the social and emotional needs of the patient [7].

The concept of environment is therefore quite comprehensive, understanding and interrelating the above-mentioned dimensions. With regard to the psychological dimension, a negative environment can cause physical stress, emotionally affecting the patient. To avoid such a situation, the patient should be offered a variety of activities, in order to keep his mind stimulated, communicating and giving him attention, avoiding interruptions and dealing with pleasant subjects, without encouraging false hopes [7].

In this sense, a study that analyzed the comfortability of the pediatric unit pointed out that, even when there are limitations in relation to furniture and physical structure, the existence of toy library and actions developed by volunteers promote a joyful and entertainment environment that brings pediatrics closer to the children's universe. In addition, the relationship established with the nursing team since welcoming in the unit contributes to the feeling of well-being and provides tranquility [13].

In relation to the social dimension, we emphasize the need to observe the characteristics of the environment in which the person is inserted, since it can affect it and produce disease [7]. Health and the environment have a close relationship. Therefore, to minimize or avoid the stress caused by hospitalization, child care cannot be limited to the bed, but to understand the characteristics of the pediatric unit as a whole and the resources available to build an environment that meets the physical, emotional and social needs of the same [14].

As a result of the interaction between the child and the environment, the health production process emerges, and health is characterized by the ability to use personal power to be healthy and the disease by restorative effort, to correct the stress situation triggered by hospitalization [7,15]. From this perspective, the child needs to be perceived, not only as a patient or a disease, but as a person with vital forces left to manage the disease [15].

Therefore, the role of nursing is to place the child in their best conditions for nature to act, which can be obtained, basically, through action on the environment. Consequently, contributing to the maintenance or restoration of its forces, in order to prevent the disease, resist it or recover from it.

In the pediatric unit, nursing care also covers the family, as it is a constant in the child's life, which offers health promotion care and disease prevention, in addition to the first care [16]. Thus, health is through the reciprocal interaction between nursing, child/family and environment [7].

Currently, it is noted that the environmental aspects considered by Florence, for a century, reappear as a focus of public health interest through the National Humanization Policy (NHP), in order to meet the demands of care of children and family members through a hospital environment that meets their needs. Since its enactment, several hospitals, predominantly in the public sector, have begun to develop humanizing actions: recreational activities, leisure, entertainment, art and improvements in the service environment.

The environment from the perspective of the National Humanization Policy

The hospital came to be understood as a therapeutic environment at the end of the 18th century. Also, family visits were not allowed because it was believed that the flow of people predisposed to contamination and infection [17].

In this context and in 1930, North American nurses concerned and dissatisfied with the lack of preparation in the care of the emotional and affective aspects of the child pointed to care practice as outdated and inefficient. Then, we began to rethink and deepen the conception of the child as a growing and developing being that also has psychosocial needs during hospitalization [17].

In 1959, the publication of the Platt Report in England emphasized the well-being of the hospitalized child, recommending their hospitalization in specific units to them and no longer together with adults, the visit of parents to children hospitalized at any time of the day or, even, their stay as residents. Such a report was not sufficient to change care and many difficulties were faced in the need for comprehensive care for children with attention to their biological, psychological and social aspects [17].

In Brazil, in 1980, there was a strong movement that sought to change the current health model with a view to comprehensive care. In this sense, the Program for Integral Child Health Care (PAISC) [18] in 1984, was created, which, in addition to involving actions to monitor child growth and development in the basic health network, proposed strategies at the hospital level to humanize prenatal care and child-birth, giving more space for the family's participation in the care of the baby. The family began to participate in the care of hospitalized children from the mother-participant program that incorporated for the Pediatric Hospitalization Unit the same philosophy of the Joint Accommodation System adopted in maternity hospitals with the constant presence of the mother or other family caregiver full-time with the child during their hospitalization.

In the 1990s, the Statute of children and adolescents (ECA, 1990) was regulated by Law No. 8,069, which provides, among other determinations, that inpatient institutions must offer personalized care, in small units and reduced groups; with physical facilities in adequate conditions of habitability, hygiene, health and safety; promoting an environment of respect and dignity to the child and adolescent; as well as preserving their family ties [19].

In 2000, a technical-political movement of criticism and complaints about the conditions in which patients were treated broke out in the hospitals themselves. Motivated by the strong desire for change, Humanization emerged as a spontaneous response to a state of tension, dissatisfaction and suffering of both professionals and patients and family members in the face of the insure that occurred, particularly in hospitals, in relation to their needs [20]. The Ministry of Health (MH), sensitive to the movement and various local initiatives of humanization of health practices, created the National Program for the Humanization of Hospital Care (PNHAH). The PNHAH stimulated the dissemination of humanization ideas, situational diagnoses and the promotion of humanizing actions according to local realities [21].

In 2003, the PNHAH was revised and reached the level of National Humanization Policy (PNH). As a policy, the NHP presents itself as a set of transversal guidelines that contemplate autonomy, protagonism, co-responsibility and the linkage of the subjects involved in health production. It refers to the construction of solidarity exchanges, committed to the dual task of health production and production of subjects [22]. In this context, the production process is an experience that is not reduced to the binomial complaint-conduct, but points to the multiplicity of health determinants and to the complexity of the relationships between the subjects workers, managers and users of health services [23].

The pnh's proposal is, therefore, to offer the user a dignified, supportive and welcoming treatment not only as a right, but as a fundamental step in the conquest of citizenship, and the professionals who work in hospitals is the opportunity to rescue the true meaning of their practices and the value of working in a health organization. However, what is still observed in the daily life of health institutions are unsatisfactory conditions that seem to go against the humanization of care, because they do not meet the needs of patients or workers. These conditions are often pointed out by the media: there is a lack of beds and workers to meet the demand, insufficient or nonexistent materials and equipment for the complexity of the Unified Health System (SUS) [24].

The NHP emerges as a reference that guides the realization of adaptations and transformations, using the competence, intuition and creativity of the human being to establish relationships and boost the environment [25]. In this direction, since its promulgation several hospitals, predominantly in the public sector, have begun to develop humanizing actions with a view to making the hospital environment more affable. These constituted escape valves that reduced the suffering that the hospital environment caused in hospitalized children [20].

In order for humanization to become, in fact, a device for changing care, it is necessary to systematically include it in professional practice, with criteria and methods to be permanently evaluated [21]. One of the discussions that the NHP fosters is the need for transformation in the environment as a way to humanize care.

The transformation in the environment contributes to the construction of new situations, in which health promotion is not restricted to the curative order and the reduction of length of stay in the hospital, but rather to the need to help the child to go through the hospitalization situation with more benefits than losses. Attitudes in this sense can cause a situation of suffering and pain to become an experience rich in contents that contribute to the child's health [1].

The commitment of the NHP to the transformation in the environment, signaled by the proposals for improvements in working and care conditions, legitimize the human of the people involved, whether user, family or the professional himself. The transformation of the hospital environment refers to the treatment given to the physical, social, professional and interpersonal relationships. For both, the NHP proposes the ambience as the guide of care from three axes: the construction of an environment that aims at comfortability and the production of subjectivities, as well as can be used as a tool that facilitates the work process [3,21].

The first axis, comfortability, encompasses elements that act as modifiers and qualifiers of the environment, such as color, smell, sound and lighting. The combination and balance between these elements can create welcoming environments for users and workers, stimulating environmental perception and contributing significantly to the health production process [3,21].

Considering that, when entering the hospital environment, both children and their families and health professionals leave out everything familiar to them, comfort should seek to identify them with their world and their references in the environments of care and health care. In addition, it allows users access to sanitary facilities, properly sanitized and adapted to their needs [3,21].

The second axis, the production of subjectivity, involves the meeting of subjects – users, workers and managers who use the environment to act and reflect on the work process and establish actions based on integrality and inclusion. Thus, care emerges from collective production, especially ethics, aesthetics and politics. Ethics because it raises the commitment and co-responsibility of managers, workers and users. Aesthetics for its innovative character in relation to the production and valorization of subjectivities and autonomy. Policy due to the interrelation of these three actors in the health production process [3,21].

The third and final axis, the environment used as a tool that facilitates the work process, goes beyond architecture, seeking to establish the space aspired by users and health professionals. Exploring the functionality and the possibility of flexibility in the ambience, articulations are carried out, such as work with a reference team, open visit, right to accompany, information and signage, the worker in the hospital, respect for culture and differences, welcoming [3,21].

The NHP, by adopting ambience as a tool in the transformation of health spaces, achieves a qualitative advance, because it begins to consider, in addition to the technical, simple and formal composition of the environments, the situations that are constructed. To account for this commitment, it is not enough to invest in the physical structure of buildings, equipment and technologies and other processes that do not imply the valorization of the human dimension, because even being relevant investments for the hospital institution only has value if they are focused on improvements in the work of health professionals and in the provision of decent care.

Thus, to have humanized care and restructure the health production process in Pediatrics, it is necessary managers committed to the ambience, that is, with the management of people who care for people, investing in measures that enable the demands of work, such as adequate dimensioning of staff, internal ombudsman spaces, feasibility and availability of adequate materials and supplies and sufficient for patient care [23]. Also, there should be interventions aimed at promoting conditions favorable to the rehabilitation of the effects of adverse experiences on the development of children; encouraging health and meeting their needs, considering the psychological, pedagogical and sociological aspects of her and her family [1].

Considering that the proposition and adoption of changes are not simple and require a lot of investment, it is necessary to identify the elements that can support this tool, in order to reach another level with possibilities for humanity: humanized care [25].

Conclusion

When reflecting on the environment of the pediatric unit as a perspective for the humanization of nursing care, it was found that the environmental aspects considered by Florence, a century ago, reappear as a focus of public health interest through the National Humanization Policy, in order to meet the demands of care of children and family members through a hospital environment that meets their needs. Based on this perspective, it is considered that nurses and managers need to plan the ambience of the pediatric unit, building spaces aimed at comfortability and the production of subjectivities, as well as using the environment as a tool that facilitates the work process.

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