

Caring and humanization: relationships and meanings*Cuidar e humanizar: relações e significados**Cuidar y humanizar: relaciones y significados***Vera Regina Waldow¹, Rosália Figueiró Borges²****ABSTRACT**

The objective is to discuss care and humanization, especially some of the meanings and relationships between the two categories, and at the same time, to update and reflect some of the ideas expressed about them. Care is discussed taking into account its philosophical aspects, and humanization is considered as it is currently emphasized in terms of health. According to the references from existing texts on humanization, when referring to care, humanization provides the foundation, while care is the category that characterizes the human being. Other considerations are made revealing the efforts of nursing professionals to redeem humanized support and care using a wider interpretation.

Keywords: Humanization of assistance; Delivery of health care; Nursing care

RESUMO

O texto teve como objetivo discutir o cuidar e o humanizar, destacando alguns dos significados e relações entre ambas as categorias e, ao mesmo tempo, buscou atualizar e refletir algumas das noções veiculadas sobre as mesmas. O cuidado é discutido tomando em consideração seu aspecto filosófico e a humanização é trazida, conforme atualmente é enfatizada no meio da saúde. Os textos existentes sobre a humanização, quando referem o cuidar, secundarizam—no à humanização, quando o cuidado é a categoria que caracteriza o humano do ser, segundo os referenciais adotados. Algumas considerações são feitas buscando relevar os esforços dos profissionais da enfermagem no sentido de exercer uma assistência humanizada e de resgatar o cuidado em sua interpretação mais ampla.

Descritores: Humanização da assistência; Assistência à saúde; Cuidados de Enfermagem

RESUMEN

El objetivo del presente texto fue discutir el cuidar y humanizar, destacando algunos de los significados y relaciones entre ambas categorías y, al mismo tiempo, buscó actualizar y reflexionar sobre algunas de las nociones difundidas relativas a las mismas. El cuidado es discutido tomando en consideración su aspecto filosófico y la humanización es tratada, conforme se enfatiza actualmente en el medio de la salud. Los textos existentes sobre la humanización, cuando hacen referencia al cuidar, lo secundarizan a la humanización, cuando el cuidado es la categoría que caracteriza lo humano del ser, según los referenciales adoptados. Algunas consideraciones son realizadas tratando de resaltar los esfuerzos de los profesionales de la enfermería en el sentido de ejercer una asistencia humanizada y de rescatar el cuidado en su interpretación más amplia.

Descriptores: Humanización de la atención; Prestación de atención de salud; Atención de Enfermería

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INTRODUCTION

Recently, care and humanization have been the targets of great interest in the health area. In nursing, this acquires special attention, since it constitutes an activity that deals with human beings in situations of vulnerability. Its actions go beyond the traditional ones which are more technical in nature and have almost exclusively therapeutic aims. The human beings become viewed in their integrality and to assist them in their subjectivity aesthetic and ethical actions are also needed.

This study aimed to discuss the categories care and humanization, bringing some aspects that underlie the two terms, their meanings and relationships, seeking to update and reflect on some of the ideas expressed about them. Ideas from determined authors, which underlie care in its philosophical aspect, its essence, nature and characteristics were selected at random. The category humanization is also discussed taking into account its recent projection in the health area.

Some considerations and positions are made considering the discussion in the text, seeking to clarify aspects considered important for a reflection on the subject. To care constitutes the human of the being and in nursing is its core. The authors, through the text, seek to raise awareness of the importance of care in nursing, because they understand its praxis to be the care and that through it the actions become more humanized.

CARE FROM THE PHILOSOPHICAL POINT OF VIEW

Care is understood as a way of being; without care we cease to be human. This is the foundation that the subject under analysis is based upon, being of a philosophical nature⁽¹⁾. Thus the affirmation that care is what gives the condition of humanity to people is a logical statement, considering Heidegger's assumptions. According to the philosophical vision, the human being lives the meaning of his own life through care. It is assumed that the *ethos* of the human is care – it is an essential way of being; it is found at the first root of the human being, it is a priori: *“Care enters in the nature and in the constitution of the human being. The way-of-being cared reveals in a concrete manner how the human being is”*⁽²⁾.

Care is an ethical ideal. Viewed from within, the fundamental aspect of care is the displacement of interest of our reality to that of the other, i.e. *“for me to get emotional, to arouse in me something that disturbs my own ethical reality, I must face the reality of the other as a possibility for my own reality”*⁽³⁾. Thus, another connotation emerges that goes beyond the “existential” in the care, which is the “relational”, i.e. the self with the other and for the other. In this sense, the care starts to have a connotation of “interest in the other”,

and this in a certain way moves both – “one complementing the other”.

The development of the capacity to care is essential for the development of the being⁽⁴⁾. Care occurs through a force that moves the human capacity to care, evoking this ability in ourselves and in others, to satisfy a response to something or someone that matters, updating our potential to care. Care may be a response to the dehumanization that occurs in contemporary societies. Something in the human experience the harmonious relationship with God, with the self and with the others, seems to have been broken, resembling the “lost paradise” as it is called. Consequently, disharmony, disease, and disintegration predominate. Care, however, can be nurtured, developed and, through it, human beings can redeem their humanity. The author that expresses the ideas above defined in her work five basic behaviors of care that are: compassion, competence, confidence, conscience and commitment⁽⁴⁾.

Care, therefore, encompasses acts, behavior and attitudes. The acts performed in the care vary according to the conditions in which the situations occur and according to the type of relationship established. There are different types or distinct ways of caring, which vary in intensity. The manner of care will depend on the situation, as mentioned above, and on the way we engage with it and, in this case, with the subject, the focus of attention of the care⁽⁵⁾.

HUMANIZATION: SOME OF ITS MEANINGS

The term humanization has frequently been appearing, from the first decade of the 21st century, in the health literature and this seems to be a consequence of the recent recommendations of the Ministry of Health which proposes a National Policy of Humanization⁽⁶⁾.

A study⁽⁷⁾ which analyzed the discourse of the Ministry of Health regarding the humanization of care, observed that the document does not present a definition and highlights the alienation that the concept provokes. The issue of violence is emphasized in the meanings encountered, i.e. humanization as opposition to it, with physical and psychological abuse referred to in this, and the already historical symbolic violence. Another meaning refers to the need to improve the quality of the services, which could take place through technology and good relationships, and thirdly, the idea appears of humanizing the improvement of the working conditions of the caregiver. An important caveat is the final clause, which highlights the problem of communication between professionals and managers and between the professionals and the clientele, which would have negative repercussions on the care provided by bringing, in this way, the proposed expansion of the communication process.

To humanize means “to become human, to give humane condition, to humanize”. It is also defined as “becoming benevolent, affable, tractable”, as well as “to acquire polished social habits, to civilize”. However, human comes from human nature, meaning also “goodness, humanitarian”⁽⁸⁾.

To humanize is to be consistent with the values⁽⁹⁾. Solidarity is also associated with humanization and the driving force is the pre-occupation. As a basis of the humanization, the author mentions human dignity. The concern for the other, who is a vulnerable being, is articulated in two ways: competent care and personal care. The first comprehends the aspects of human corporeality and the second relates to the care that involves affection, sensitivity – the compassion.

Humanization is to affirm the human in the action and this signifies care because only the human being is capable of caring in the integral sense, i.e. in a natural and, at the same time, conscious way, thus combining the rational and sensitive components.

The term dehumanization would be more clarifying at times, because it presents a much stronger connotation, which is the loss of human attributes or even the loss of dignity, and it is interchangeable with the term depersonalization⁽⁹⁾.

Humanizing health comprehends the respect for the uniqueness of each person, personalizing the assistance. Moreover, to humanize the health is related to politics and economics, i.e. in the sense of egalitarianism in the access to assistance; it also affects the organizational structure and functionality in the sense of accessibility, organization and comfort. It is also related to the professional competence of the health agents and ultimately to the care of the caregiver⁽⁹⁾. These ideas seem to meet the proposed project of humanization⁽⁶⁾ that was highlighted by other authors⁽⁷⁾, and which was evidenced by some studies on this subject⁽¹⁰⁾.

THE RELATIONSHIP BETWEEN CARE AND HUMANIZATION: A REFLECTIVE DISCUSSION

Both the terms, care and humanization, have been discussed in a way that they present the same elements or categories. Sometimes they appear to be treated as synonyms and other times as distinct issues. Regardless, explanations which depict the differences or the similarities were not observed and this might perhaps be attributed to the scarcity of literature focused on this issue, since no interest in distinguishing any difference or similarity or other relation between the terms was observed. In some cases, it was noted that care is treated as an attitude or action that must be carried out in a humane way, and is referred to as “humanized care”. As a result, the understanding is that care is a consequence

of humanization, and as such, it qualifies the care, subordinating it.

“Humanized care implies, on the part of the caregiver, the comprehension of the meaning of life, the capacity to perceive and comprehend oneself and others, situated in the world and subject of their own history”⁽¹¹⁾. The authors affirmed that health professionals should share experiences with their patients and that these are related to care and complement it “to exercise in the practice the re-situation of the personal issues in an ethical framework, in which the care is linked to comprehension of the person in their uniqueness and in their originality of being”⁽¹¹⁾. These observations show similarities between what is suggested as care, seen as an identity of the human and something that allows for the existence of the being.

Another term, in addition to humanized care, is humanization of care, and both suggest, as already noted, a consequence of the human and not vice versa. For authors who use care in this way, it is noted that it is present in human life, contrary to what is postulated: that it is the very reason for existence.

Thus, what authors say about humanization is, in truth, care. Both categories encompass values and extol human dignity. There is even a mention of solidarity and pre-occupation when referring to humanization⁽⁹⁾ and that refers to the idea given to care from a Heideggerian view.

A quotation which seemed quite enlightening is that:

“the definitions of humanization converge into a single meaning, namely, that humanization, humanity and to humanize are to become human, to provide humane conditions, to act with natural goodness. And when thought about in relation to the qualification of a procedure or a care, that seems somewhat redundant, since one cannot admit that a human being is treated in any other way, rather than that consistent with their nature”⁽¹²⁾.

This dimension is similar to the definition that appears regarding humanization, which is presented in this text. Curiously, the following works of these authors, start to treat the two categories, humanization and care, ambiguously.

SOME CURIOSITIES

The term human care has become part of the international nomenclature regarding care/caring, although it is considered redundant by some authors who prefer not to use it⁽⁶⁾. Animals, for example, though devoid of rationality or intellectuality, feelings and language, as humans have, show rudimentary, instinctive forms which resemble the expressions of care. Conversely, care involves responsibility and, in addition, interest and moral commitment, which are uniquely human characteristics and do not occur with animals.

There is, however, those who polemize the question of what it is to be human, such as the author of the book⁽¹³⁾ “So, do you think you are human?” Advances in genetics and robotics cast some doubt on the concept of humanity, and the author encourages us to rethink our relationship, not only with animals and with the environment, but above all, between the humans themselves.

Another curiosity comes from a realization that human violence is an unavoidable fact of life due to the biological determinism, the result of natural evolution, conforming to Darwinism. Thus, although it is stated that humans deviate from the characteristics of animality, there also exists the assertion that “the separation between our world and the animal world is crumbling”⁽¹⁴⁾. In this sense, the proposal is to humanize the infra-human aiming at the formation of a more solidary and loving human being.

What can be seen in the most current texts focusing on the category humanization is interesting. Several of these texts were developed as a consequence of the proposals aiming to humanize assistance in the health area. There is an appeal in favor of this humanization and, ironically, says one author, although it constitutes “care is one of the most significant expressions of the human way of being... attempting to humanize themselves!”⁽¹⁵⁾. What is also curious is the increasing number of texts regarding the humanization in the health practices in this decade, especially in Nursing literature, which do not make any association of this concept to the concept of care^{(16)*}.

In the present text, the intention was to discuss some points regarding the two concepts - care and humanization, above all directing a reflection toward the nursing professionals, because the authors would like to do justice to an initiative undertaken by the professionals of the area, who for decades have been developing their activities characterized by that denominated today as “humanization of the assistance”. Several attempts have been made, at different moments in the history of nursing, which are characterized, for example, by efforts to always see the patient as the center of attention, seeing them first in their biopsychosocio-spiritual dimensions. Then the attempt to assume a vision of totality emerges, in which these dimensions are considered inseparable so that the relationships are more loving in the health field, both those that occur between these professionals as well as those with the patients.

Today, care assumes prominence in Nursing; with a need to review it, from a different perspective and to broaden its interpretation, considering it not only a

scientific-technical activity, but elevating it to the status of art.

When examining the bulk of the work recently published in the area of Nursing, considering and assuming the current proposals in favor of the humanization of assistance, it would be interesting to know how the Nursing community positions itself regarding the similarities that are presented, but that, at the same time, seem to privilege a concept, in this case, the humanization and not the care.

One of the difficulties attributed to the choice between a concept or category and not the other, seems to reside in the knowledge about care, i.e. from its characteristic of the moral relationship between human beings, from the life experience, and from the experience produced in a certain moment and by not characterizing an objective phenomenon *per se*⁽¹¹⁾. Another difficulty when seeking an explicit positioning of care in Nursing seems to be what is highlighted by the fact that this “transmits sensitivity and gentleness”. The care, viewed in this way, does not present scientific characteristics or systematic and technological actions that bring relevant results. This is still the prevailing view in Nursing.

FINAL CONSIDERATIONS

The adoption of the category care, rather than humanization, in the opinion of the authors of this text, although complex and comprehensive, allows the human being to be visualized in a more complete, integral way and, considering its ontological-existential basis, as a singular and unrepeatable unique being. Conversely, its comprehension and adoption refer to an availability and sensitivity and that alone leads to an inevitable change in posture. Care becomes an exercise; it is the practice of our humanity. Care is what the professional will add in their actions, triggering the caring process - that is, it should be coated in self-knowledge, sensitivity, intuition and moral values and principles. Care is an expression of our humanity; it is essential for our development and fulfillment as human beings.

With regard to humanization, it is hoped that this movement is maintained, however some points require clarification; it is hoped, conversely, that it shall not be considered as something subject to being trained, but rather sensitized. It is hoped that specialists and professionals who are dedicated to this subject can be mobilized and sensitized to consider care and position it in a prominent place, i.e. as a way of being, as a condition of our humanity and not as has been mistakenly thought as a consequence of humanization.

* For the failure to mention the various publications currently available, we chose to cite a text that analyzes scientific humanization of health care / nursing, as it includes several works. It is worth noting, however, that the survey does not include works from 2002.

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