

**TRAINING, HUMANIZATION AND HEALTH CARE IN NUTRITION:
PERCEPTION OF STUDENTS OF A PUBLIC UNIVERSITY**

FORMACIÓN, HUMANIZACIÓN Y SALUD EN NUTRICIÓN: PERCEPCIÓN DE
ESTUDIANTES DE UNIVERSIDAD PÚBLICA

FORMAÇÃO, HUMANIZAÇÃO E O CUIDADO EM SAÚDE NA NUTRIÇÃO: PERCEPÇÃO
DOS ESTUDANTES DE UMA UNIVERSIDADE PÚBLICA

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Abstract

The work aims to know the perception of undergraduate students in nutrition regarding the theme of nutrition and humanized care. The study methodology is based on the qualitative approach with 10 nutrition students from the State University of Bahia chosen intentionally. For the production of the data, semi-structured interviews were applied and a field diary was carried out. Data interpretation was carried out based on Bardin's content analysis adapted by Minayo. In the research we can see that the university has a great role in the subject's humanization process, in addition to developing their critical perception. To deal with the subjectivity of the other. One of the limits pointed out in the training of professionals is the disarticulation of knowledge among themselves in the theory-practice presented by the disciplinary curriculum. In this way, we can conclude that, the students presented an expanded conceptual basis about humanized care in the nutrition service, emphasizing in their speeches the concept of light technologies. The predominance of questions among the interviewees is related to the non-continuity of curricular components that address the theme both in theory and in practice, as well as the lack of connection between the clinic and humanization.

Keywords: Patient-centered care; Humanization of Assistance; Health Human Resource Training.

Resumen

El trabajo tiene como objetivo conocer la percepción de los estudiantes de pregrado en nutrición sobre el tema de la nutrición y el cuidado humanizado. La metodología de estudio se basa en el enfoque cualitativo con 10 estudiantes de nutrición de la Universidad Estatal de Bahía elegidos intencionalmente. Para la producción de los datos se aplicaron entrevistas semiestructuradas y se realizó un diario de campo. La interpretación de los datos se realizó a partir del análisis de contenido de Bardin adaptado por Minayo. En la investigación podemos ver que la universidad tiene un gran papel en el proceso de humanización de la asignatura, además de desarrollar su percepción crítica para afrontar la subjetividad del otro. Uno de los límites señalados en la formación de profesionales es la desarticulación de saberes entre sí en la teoría-práctica que presenta el currículo disciplinar. De esta forma, podemos concluir que, los estudiantes presentaron una base conceptual ampliada sobre el cuidado humanizado en el servicio de nutrición, enfatizando en sus discursos el concepto de tecnologías ligeras. El predominio de preguntas entre los entrevistados está relacionado con la no continuidad de componentes curriculares que abordan el tema tanto en la teoría como en la práctica, así como la falta de conexión entre la clínica y la humanización.

Palabras Clave: Atención dirigida al paciente; Humanización de la Atención; Capacitación de Recursos Humanos em Salud.

Resumo

O trabalho tem como objetivo conhecer a percepção de graduandos em nutrição a respeito do tema nutrição e cuidado humanizado. A metodologia do estudo é pautada na abordagem qualitativa com 10 graduandas de nutrição da Universidade do Estado da Bahia escolhidos de forma intencional. Para a produção dos dados foi aplicada entrevista semiestruturada e realizado diário de campo. A interpretação dos dados foi realizada baseada na análise de conteúdo de Bardin adaptada por Minayo. Na pesquisa podemos perceber que a universidade tem um grande papel no processo de humanização do sujeito, além de desenvolver a percepção crítica desses para lidar com a subjetividade do outro. Um dos limites apontados na formação

dos profissionais é a desarticulação dos conhecimentos entre si na teoria-prática apresentado pelo currículo disciplinar. Desta forma, podemos concluir que, os discentes apresentaram uma base conceitual ampliada acerca do cuidado humanizado no serviço de nutrição, enfatizam em suas falas o conceito das tecnologias leves. A predominância dos questionamentos entre os entrevistados está relacionada a não continuidade de componentes curriculares disciplinas que abordem o tema tanto em teoria quanto na prática, assim como a falta de conexão da clínica com a humanização.

Palavras-chave: Assistência centrada no paciente; Humanização da Assistência; Capacitação de Recursos Humanos.

Introduction

The Humanization, in its conception, directly connects with the integral view of care based on the centrality of the user's health care, and recognizes its object from a subjective perspective, based on the ethics of care (GOMES; BEZERRA, 2020, pg.67), protagonisms of the subjects involved, autonomy and interprofessional and interdisciplinary practices (MONTEIRO; HOLANDA; MELO, 2017, p. 2).

It is important to emphasize that, considering all the facets that constitute the human, to ensure comprehensive health care, requires practices that understand the importance of guaranteeing health needs within a broader look beyond the clinic. Thus, realizing that care should be based on health actions based on care technologies, from light, through light-hard and the use of hard technologies. Therefore, it covers the field of human relations, knowledge and techniques/equipment (AGRELI; PEDUZZI; SILVA, 2016).

There are several past and current initiatives that direct health professionals towards training that meets the health needs of the population and the challenges of the Unified Health System (UHS). These initiatives have the objective of not only changing the technical training of the biomedical model, but also bringing technical training closer to the reality of people and services, with action guided by the social determination of health, pedagogical practices that produce alterity, scenarios of practices that allow meaningful learning, in order to train the learner for caring actions with affectation, listening and reception (MEDEIROS; SILVA, 2016; SOUZA; TORRES, 2020; SOUZA et al, 2014).

So, it is necessary that the training of health professionals develop cognitive competences and skills capable of contributing to a humanized, comprehensive, holistic training based on health needs.

In view of the relevance of the topic for the area of nutrition and the need to discuss in order to contribute to professional training with a view to comprehensive care, this study aims to understand the perception of nutrition students about the humanized training for health care.

Methodology

The present study has a qualitative and exploratory approach, carried out at a public University in the State of Bahia. The number of participants was intentionally defined, with one participant per semester (1st to 10th), in order to contemplate the entire nutrition course. As an eligibility criterion, he used to include: being a student and is enrolled at the time of research at the Institution, which constituted a sample of 10 students, all of whom were identified by numbers to guarantee anonymity.

The tool used for the production of data was a semi-structured interview applied with undergraduate nutrition students at the University itself. After signing the Free and Informed Consent Term in which they voluntarily authorized their participation and the recording of the interviews started. To expand the discussion, given the powerful connection between researchers and the field of study, a field diary was produced.

The techniques used for the interpretation of the data was that of content analysis adapted by Minayo (2014). Thus, through the fluctuating and exhaustive reading of the transcribed content, the ordering of the data obtained from the interviews was carried out through a mapping of the collected information, from which a thorough evaluation was established in search of the directions, making it possible to categories with their respective sense cores. For the final analysis, the empirical data were correlated with the theoretical framework of the research, making possible the knowledge about the different perceptions regarding the subject of the subjects who composed the study.

At the time of the analysis, and with the fluctuating and exhaustive reading, he established the meanings of the interview, which were organized in Core of senses through the interpretive trails. Then, through the analysis, it constituted two categories that were called: **University and Humanization** and **Humanized care in the nutrition service**.

This research respected the norms in force in resolution 466/12 of the National Health Council on the Regulatory Guidelines and Norms for Research involving humans and its realization took place after approval by the Ethics and Research Committee of the University of the State of Bahia under the number CAAE 82347517.0.0000.0057.

Results and Discussion

- University and Humanization

In the 90s, the University was seen as an institution, which meant having society as a reference of values and norms, in which it started to be constituted as a social organization whose objective was the productivity observed by the rapid transmission of knowledge, which has consequences for the formative process (CHAUÍ, 2003).

In recent years, there has been a push for the publication of the National Curriculum Guidelines in order to change the training of health professionals in undergraduate courses. A broad discussion on this theme envisioned the need to change values, attitudes, and paradigms, from understanding the health-disease-care process, to the relationship between the teaching-learning process and the organization of health services (BARBOZA; FELÍCIO, 2018). Following this line, the training of health professionals requires that a conceptual basis for students be expanded, and the understanding of the health-disease process is of fundamental importance. This is a complex phenomenon that cannot be limited only to the biological field, especially so that care is not limited to just a disjointed theory of practice (SOUZA; FERREIRA, 2020).

It is important to emphasize that theoretical curricular components that present contents that discuss the holistic formation of the student are not able to transform the

other, it is fundamental that the theoretical-practical articulation is associated, and thus, the displacement in the daily action of the practices of this future occurs professional (GHEZZI, 2019; ABRAHÃO; MERHY, 2014). About these experiences, interviewees 1 and 6 report that,

i believe that during the course of graduation, the disciplines that deal with the subject are precisely the discipline that leads us to contact outside the University, that is, it leads us to have a better practice which is the discipline of PIASC. [...] so this bond that we have, when approaching the external environment of the college helps us to get out of theory helps us to see with a different eye the whole social issue that involves what we learn right in the course it really teaches us to take a different approach to the subject. (Interviewee 1, 8th semester)

Academy, Service, Community Integration Program also speaks, it is an experience, not just theoretical, but a practical experience where we can live public health in the first, second and third semesters, witness, talk to people, visit the community, understand how important it is to be empathetic with people, be selfless. (Interviewee 6, 6th semester)

From the statements of interviewees one and six, it can be seen that the University has a fundamental role in the humanization process, in addition to developing critical perception in the subject, which makes it a powerful instrument in the processes of subjectification. The changes are built in the daily practice of teaching and not just on paper; in concrete clinical practice and not only "in the laboratory" or "special environments", but rather, in all environments in which reality is experienced, and as a consequence a rhizomatic production of networks, devices that interfere in the future of workers (SANTOS; SOUZA, 2020).

Rodrigues et al. (2017) reiterate about training and professional development that, it is essential to adopt teaching-learning methodologies that go beyond technical-scientific knowledge by training institutions, including the development of skills to deal with the subjective dimension of the human. The institutions still present an essentially scientific curricular organization, there is a need to overcome this logic, based on the biological, and expand to a holistic look at the training for health care (LISBOA; COSTA; FONSECA, 2020; RODRIGUES et al., 2017; LISBOA; COSTA; FONSECA, 2020).

This aspect, reflected by the authors, is in line with the speech of the eighth interviewee.

I am already in the 7th semester, I've already taken several disciplines. There are some disciplines that deal with humanization in health, but I think that for the amount of discipline, the amount of workload is very little that we deal with, so I think it could be addressed in other disciplines that are extremely important, especially those from clinics that do not have this very humanized view. (Interviewee 8, 7th semester)

One of the limits pointed out in the training of professionals, according to the disciplinary curriculum, is the presence of theory-practice disarticulation and knowledge disarticulated among themselves. The Institutions that train health professionals, both public and private, show a curricular organization based on a set of isolated and stanch disciplines. However, it is necessary to take actions that can articulate the knowledge (theory-practice) that can reverberate when they become professionals, and encourage a critical and reflective posture and, consequently, the responsibility for humanized care (BÔAS *et al*, 2017).

It is noted that there is a disarticulation in the training of these professionals, not different from the others in the health area, between theory and practice, which will have repercussions in the future in their professional performance, which may compromise aspects that are related to humanized and comprehensive care (VIEIRA; UTIKAVA; CERVATO-MANCUSO, 2013).

Even with evolutionary processes in training, especially with guidelines that advance the discussion of generalist workers and with a holistic view, there are still conflicting paths followed that seek specialization from the beginning in the construction of knowledge at this level of training (VIEIRA *et al.*, 2018).

For Mota and collaborators (2012), changes in health education should not be simple or punctual, and should present progressive pedagogical approaches to teaching and learning. However, the speeches of respondents four and nine refer to the discontinuity of the disciplines that address the theme throughout the course,

I realized that I saw more in the beginning, 3rd and 4th semester and I'm seeing it in practice here in the internships. [...] the discussion of the topic I don't think is maintained, I arrived at the internship now and it was reinforced, but during the entire course, I don't think so. (Interviewee 4, 9th semester)

This discussion does not remain inside the classroom, but sometimes between colleagues. For example, that we discuss a lot about it, but when the discipline

ends we don't see it like that anymore, not in the classroom. (Interviewee 9, 10th semester)

In the experience of two researchers, as students of this institution, she obtained as something that can highlight a curricular component called the Integration Program Academy, Service, Community (IPASC), this experience was mentioned in almost all the speeches of the interviewees when it came to the item university and humanization. The author attributes it to the fact that it is one of the disciplines that provides a wide discussion on humanization and comprehensive health care, since the one made available in the first three semesters of undergraduate studies. In addition, it is one of the few experiences that links theory to practice, giving students the opportunity to experience aspects of humanization and integrality in their training.

Thus, it allows discussing about the importance in the training of nutritionists, as well as that of other health workers, living practical experiences that make it possible to observe the reality of the population, can contribute to the construction of professionals capable of acting in a humanistic way in their daily practices (VIEIRA *et al.*, 2018; BÔAS, L. M. V. *et al.*, 2017; ABRAHÃO; MERHY, 2014).

- Humanized care in the nutrition service

In the care practice that seeks humanized care as a philosophy, embracement is one of the most potent tools for this production, as, according to Romanini, Guareschi and Roso (2017), this tool is a device that is realized through everyday encounters, and is shared between users and workers, through the affections and knowledge of both. In this way, it is possible to establish, based on health needs, relationships of trust, commitment and bond between the teams and the service, workers and the user, workers and family members and the user and family members.

Another fundamental tool concept is integrality, which is based on the commitment to guarantee health care for all citizens' needs (FEUERWERKER, 2014). Therefore, comprehensive care is the health practice that permeates the construction of ethical-political relationships, considering the context and with respect to the

subject's uniqueness and subjectivity with the therapeutic look in the search for health, and consequently happiness (AYRES, 2004).

The concept of humanization has a complex relationship with comprehensive care, however, according to Azeredo and Schraiber (2021), this discussion arises due to authoritarian and violent experiences related to care in health services, thus, it emerges as a social demand until it becomes whether in public policy.

It is possible to perceive in the speeches of the interviewees one and six that they understand about the importance of this device for the effectiveness of humanized care in nutrition,

there is great importance in this issue of the relationship of humanization in the nutrition service. Because what we learn during the undergraduate period most of the disciplines are precisely clinical care, the diet to be planned, the menu to be stipulated. [...] so I believe that yes, this issue of putting oneself in the other's place, welcoming and listening is important. (Interviewee 1, 8th semester)

[...] it will make a big difference if you had this knowledge at the beginning of the course and it was fed during the course until the internship. In nutrition, we need to know the patient and, for that, listen to him. (Interviewee 6, 6th semester)

In view of the speeches, we can observe that in professional performance, knowledge is related to the way of acting, which are already defined by the existence of general knowledge (health field) about the problem to be faced, which is placed above a territorialized knowledge of their professional scope of action. Regarding this professional activity developed by the nutritionist, it can be said that the caregiver extension is directly based on listening, in which the professional needs to obtain the user's trust in order to provide him with better care around his need with attention to the subjectivity of this subject. Thus, the use of light technologies is essential in nutritional care, since it is possible to build a professional-user relationship based on qualified listening and reception.

For Silva et al (2020) nutritional care must be based on integrality, with actions directed to the condition presented and looking at the nutritional status. This approach

must be connected with a singular and interprofessional perspective (SOUZA; FERREIRA, 2020).

For this care to be resolute, it must be understood that it is pertinent that care is centered on the user's need, in addition to valuing the subjective / social dimensions and interprofessional work (RODRIGUES; PORTEL; MALIK, SOUZA et al 2019, SOUZA et al, 2020). On this issue, interviewees five and six report that,

for you to do a nutritional monitoring with the person, you have to know him all, the social and the economic, the place where he lives, everything. [...] there is also the cultural part, so I think that humanized care greatly improves care in the area of nutrition. (Interviewee 5, 2nd semester)

Therefore, it is important to understand the importance of the dimension that food brings to this individual, to analyze all the factors that permeate, tastes, aversions, religion and culture. (Interviewee 6, 6th semester)

According to Conte and Schwengber (2020) body care is not reduced to just food, and even when this is the chosen line of reasoning for a therapeutic project, it is worth mentioning the importance of the subjectification processes that involve people in the experienced realities.

Taking care of nutrition goes beyond food, that is, there are many arrangements produced through the construction of networks in the daily lives of each being, with oneself and with the world. Thus, there is a dynamism that needs to be considered when looking at this theme.

Final considerations

With the study in general, it was observed that the students presented a conceptual base broadened to about humanized care in the nutrition service. They emphasize the importance of listening and welcoming, which is referred to as light technologies, fundamental for the comprehensive production of humanized care.

One of the highlighted elements is the non-continuity of curricular components that discuss the theme, both in theory and in practice, the lack of articulation between the components of a humanistic and clinical nature, in which it meets the current

curricular guidelines, and establishes a possibility of producing connections between the clinic and humanization.

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