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Original Article

RECURSOS HUMANOS E MATERIAIS NO PRÉ-NATAL: VALORES ÚTEIS PARA A GARANTIA DA HUMANIZAÇÃO DO CUIDADO ÀS GESTANTES

HUMAN AND MATERIALS RESOURCES IN PRENATAL CARE: USEFUL VALUES FOR THE GUARANTEE OF PREGNANT WOMAN CARE HUMANIZATION

RECURSOS HUMANOS Y MATERIALES EN EL PRENATAL: VALORES ÚTILES PARA LA GARANTÍA DE LA HUMANIZACIÓN DEL CUIDADO A LAS GESTANTES

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RESUMO

Objetivo: Compreender os valores intuídos nos discursos dos profissionais da saúde sobre a infraestrutura necessária para a assistência pré-natal na rede de atenção básica do município de Niterói, Rio de Janeiro, Brasil. **Métodos:** Estudo fenomenológico no campo da Teoria dos Valores Max Scheler. Para coleta de dados foi utilizada entrevista semiestruturada individual, sendo entrevistados quatorze (14) profissionais de saúde (médicos e enfermeiros) que participavam do acompanhamento pré-natal em quatro unidades básicas de saúde no município de Niterói. As entrevistas foram transcritas e submetidas à análise de conteúdo na modalidade temática. **Resultados:** A falta de recursos humanos e materiais necessários ao cuidado pré-natal foram problemas que emergiram das falas dos profissionais participantes do estudo, sendo estes identificados como valores úteis no campo da garantia do pré-natal qualificado e necessários para a segurança da gestante. **Conclusão:** Para obter uma assistência pré-natal de qualidade, a oferta de recursos humanos e o acesso a recursos materiais se fazem necessários, pois são fatores fundamentais para o atendimento integral e humanizado das gestantes.
Descritores: Saúde da mulher; Cuidado pré-natal; Valores sociais; Recursos em saúde.

ABSTRACT

Objective: To understand the values perceived in the health professionals speeches about the necessary infrastructure for prenatal care in the basic care network in Niteroi, State of Rio de Janeiro, Brazil. **Methods:** Phenomenological study in the field of Max Scheler's Theory of Values. For data collection used individual semi-structured interviews with fourteen (14) health professionals (physicians and nurses) who participated in prenatal care in four basic health units in Niteroi. The interviews were transcribed and subjected to content analysis on thematic modality. **Results:** The lack of human and material resources required for prenatal care were problems that emerged from the speeches of the professionals participating in the study, which we identified as useful values in the qualified and necessary prenatal care assurance field for the pregnant woman safety. **Conclusion:** To obtain a quality prenatal care, the provision of human resources and access to material resources are necessary, because they are fundamental factors for the integral and humanized care of pregnant women.
Descriptors: Women's health; Prenatal care; Social values; Health resources.

RESUMEN

Objetivo: Comprender los valores intuidos en los discursos de los profesionales de la salud acerca de la infraestructura necesaria para la asistencia prenatal en la red de atención básica de Niterói, Estado de Rio de Janeiro, Brasil. **Métodos:** Se trata de un estudio fenomenológico en el campo de la Teoría de los Valores Max Scheler. Para la recolección de datos fue utilizada entrevista semiestructurada individual, siendo entrevistados catorce (14) profesionales de salud (médicos y enfermeros) que participaban del acompañamiento prenatal en cuatro unidades básicas de salud en Niterói. Las entrevistas fueron transcritas y sometidas al análisis de contenido en la modalidad temática. **Resultados:** La falta de recursos humanos y materiales necesarios para el cuidado prenatal fueron problemas que surgieron de las hablas de los profesionales participantes del estudio, siendo ellos identificados como valores útiles en el campo de la garantía del prenatal calificado y necesarios para la seguridad de la gestante. **Conclusión:** Para obtener una asistencia prenatal de calidad, la oferta de recursos humanos y el acceso a recursos materiales se hacen necesarios pues son factores fundamentales para la atención integral y humanizada de las gestantes.
Descriptores: Salud de la mujer; Atención prenatal; Valores sociales; Recursos en Salud.

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INTRODUCTION

A good pre-natal assistance has the potential to generate significant changes in the gestational process, minimizing damage to the maternal and neonatal health. To do this, the health care professional should understand the time of each pregnant women, offering them an individualized care, in order to create an empathetic relationship, geared to meet the needs presented. In this way, creating a greater bond between professionals and pregnant women is of great value, favoring the humanization of care[1].

Therefore, the humanization and the quality of care is essential to the health interventions that result in the effective resolution of problems highlighted and, consequently, in the satisfaction of users, strengthening the potential of women in identification of their demands in the struggle for the recognition and demand their rights, as well as the promotion of self-care[2].

Public policies support the strand that humanization and the quality of care in health are closely intertwined, and also clarify that these are issues of human rights and, for this reason, humanizing and qualify the care in health means to share knowledge and recognize rights[3].

The National Policy of Humanization which defines the term 'humanise' as to offer quality care, articulating the technological advances with welcoming, improvement of care environments and working conditions of professionals[4], allow us to reflect on the reality of prenatal care in Brazil[5]. And this question arises as a fundamental usefulness, since it enables the material aspects necessary for prenatal care.

From this perspective, we have the prenatal care as a necessary factor for pregnancy, childbirth and birth insurance, once this care minimizes the possible risks to the health of the woman and her son, thus forming a vital value in society. There is, therefore, a valuable relationship of usefulness between this care and the human and material resources, especially when one thinks in a high quality prenatal care that aims to reduce maternal and neonatal mortality.

It is known that there are values of first line, the values are vital, and the second line, the values of Utility, which are only experiential when the former are present in some way. A useful value, whatever it is, it is a value for a Vital essence, i.e., it is any value that seeks, in an orderly manner, the realization of a good value, friendly to the senses[6].

One can realize that the vital value is a value for life, which covers the vitality of the human being, a value for the maintenance of life. And, from there, we list the useful elements, establishing this visible relation of the vital and the useful. In this way, the knowledge of the vital values for the prenatal monitoring becomes essential to promote programs and actions for the quality promoted in pre-natal care.

The study aimed to understand the values intended in the discourses of health professionals regarding the infrastructure required for prenatal care in the primary care network of the city of Niterói, State of Rio de Janeiro, Brazil. For both, there were used the following guiding questions: Under the perspective of health professionals who attend women in prenatal care, what is the relationship between the intended values and public health policies in this field of activity?

METHODS

This study used the phenomenological qualitative approach, being a descriptive, exploratory study in the field of the Theory of Values of Max Scheler. Thus, there is no desire to quantify the data and yes, identify phenomena that reveal this concept[7].

Research participants were health professionals who participate in prenatal care in the municipal health network of the city of Niterói, Rio de Janeiro, Brazil. We interviewed 14 health professionals (eight doctors and six nurses), rented in four health units, namely: Regional Polyclinic of Itaipu; Regional Polyclinic Dr. Sério Arouca; Regional Polyclinic Largo da Batalha; Regional Polyclinic Dr. Carlos Antônio da Silva, being one in each region of the municipality.

There were interviewed all professionals who met the following inclusion criteria: being a healthcare professional who performs consultations and/or groups pre-natal care, be acting together to prenatal care for at least six months; and of exclusion: be on sick leave or on vacation, be in training (allowed for less than six months in service), or even refuse to participate in the research.

It was ensured to all, the anonymity and confidentiality of information through the use of

an alphanumeric code (E_1...E_{14}) for each interviewee, as a result of testimonials.

The study was approved by the Committee on Ethics in Research of the Faculty of Medicine of the Fluminense Federal University, under protocol 895.033/2014, how it determines the Resolution 466/2012 of the National Health Council, which regulates research involving human beings[8].

As an instrument of data collection there was used a guide of semi-structured individual interview, drawn from the objective established and guiding questions already exposed, combining open and closed questions. The closed questions enabled the researcher, the construction of a profile from the valorization of the participants and, thus, an approximation of the context of their speeches, important for later analysis. Meanwhile, the open question which allowed the interviewee, the dialog with the interviewer, reflecting his subjectivity to respect his values on the topic in question, without lock-in to the inquiry formulated[7].

The interviews were transcribed in full, by the researcher, and performed the analysis of contents in thematic modality[9]. For both, it was necessary to carry out the organization and reading the material, seeking to understand its structure, analyze and record the impressions about the messages of the data. Thus, defined the record units, the units of context, significant sections and categories, systematizing the ideas in order to lead the development of the successive operations[9-10].

Therefore, there were performed the following steps: organization of analysis, including pre-analysis, exploration of the material, treatment of the results obtained; then, the encoding, which corresponds to a transformation of the raw data from the text, allowing one to achieve a representation of the content[9]. In the encoding, there were chosen the record units, and from these, there was the choice of categories, all grouped in thematic nuclei.

The record units those have emerged in the process of analysis were: qualification of health professionals for the pre-natal; increasing the number of health professionals in prenatal care; health network of qualified for the pre-natal care, making the construction of thematic nucleus: value of usefulness in the field of pregnancy. The thematic core developed contributed to the construction of the following category: human and material resources - useful values in the field of pre-natal guarantee qualified.

RESULTS AND DISCUSSION

Human and material resources - useful values in the field of prenatal qualified warranty

In the interviews with health professionals there were cited as challenges to the practice: the lack of skilled labor and infrastructure, according to their experiences in the municipality, as shown in the speech below: “[...] You have to be versatile, you do pre-natal and, at the same time, you have to give an account of other demands of the tour. We are not professionals who need to keep a team of pre-natal care, because it is much more than a mere consultation; they are information which are given, there are lectures, visits to the motherhood that we cannot do, because we do not have professionals to this, and does not have as you alone, give an account of everything. Humanly impossible, something is going to fail. You prioritize what is fundamental [...]” (E2); “[...] The lack of professionals, without doubt, is a challenge. I really wanted someone to do at least these tests. And then, to be able to have a chat, a chat with them, understood? How is it, as it is not. And another, waiting for me outside, has three more. And I have to answer another thing, a wound of the little girl, make a point of a child. There, so she wants to speak, she wants to speak, she just wants to get in touch. And that, sometimes, it gives a bad impression, they should think: “it is in a hurry” or “not right” I answered, then I am afraid that because the mother is sensitive. Professional misconduct, for me, that is why we don’t have time. The question is this. Has a group that I make pre-natal care, but I have to release this room soon, because it will get another group, then it would be [...]” (E4); “[...] We are getting everything very slowly, lack a lot of things, but even so, the people persists, we will behind, runs, league, asks for material. Now, it material to the people doing the quick test. We have contact with the motherhood also, in case they go make visits to motherhood. But then we had a vehicle, an estate that took. Now, you no longer have [...]” (E5); “[...] The great challenge is trying to change what is wrong. What we see in our day to day life, try to have a greater number of professionals, for which this patient did not stay on waiting lists for marking of consultation [...]” (E8).

An important aspect to achieve a pre-natal of quality in basic care is to guarantee the

availability of human resources, physical, material and technical resources needed to query[11-12]. These resources are essential for the quality of monitoring.

These testimonials are in the opposite of what is recommended by the laws and public policies. Article 3 of Resolution of the Board N 36, which provides for the safety of the patient, defines that good practices of functioning of the health service include elements of quality assurance, which ensure that the services are offered with appropriate quality standards; and that, with regard to the technologies in health, the following items are listed: equipments, medicines, inputs and procedures used in health care, as well as the work processes, the infrastructure and organization of health services[13].

For that good practice in care be performed, one should invest in quality of services adequate to the needs of the population, being that the lack of such sets danger to the safety of the patient, due to the absence of a real public commitment with the quality of care. Therefore, to the extent that the value useful - guarantee of resources – is not contemplated in its entirety, comes the dissatisfaction reflected in the unpleasant feelings experienced by these professionals. One can perceive this sentimental feeling emanating from the interviewees, through profound grief for not being able to provide a structure for the prenatal consonant with the precepts of humanization, and also with the ethical precepts.

In this way, it is important to mention that the philosopher asks: 'What would you feel if that had happened?' From this question, putting us in the place of others and we affect ourselves by the feeling of the other, i.e., 'feel with'[6] Therefore, we can perceive the forms of sympathy making us present when health professionals suffer by the lack of resources during assistance.

The availability of human and physical resources is a task of humanization, because it is visible the interference of the lack of these factors on quality of care, since they did not have time to listen too sensitive in a suitable environment for this care, so that there is a necessary link to an effective pre-natal and humanized care.

Then, rescues the National Policy of Humanization, the text says that humanize includes offer a qualified care, joining technological advances and acceptance and, thus, improving the environment producer of care and occupational circumstances of the professionals involved, coming to meet the discussion developed in this category, which enables us to reflect about the practice of these professionals who do not have basic resources to meet the demands of their assisted[14-15].

This is a serious issue, whereas the public policies encourage the humanized postures; however, do not have sufficient resources to achieve this properly, supplying the needs of the users of prenatal care for that pregnancy and childbirth be quiet moments and well monitored.

At the same time, there are many actions that can be performed for the improvement of the service, such as: establish and strengthen links between the teams, envisioning an interdisciplinary work, so as to produce a potentiating effect for their conduct. You can also add, in the practice of pre-natal care, actions of individual and collective nature which have a distinctive look for the promotion and recovery of health, as well as for the prevention of diseases, injuries and treatment, and also promote a space of social integration, seeking intersectoral actions and extrasectoral[16-17].

And with regard to the improvement of the service, the legislation that regulates the Health Unic System emphasizes that the policy of human resources in compliance has as one of its objectives, the organization of a system for training human resources at all levels of education, including post-graduate studies, in addition to the elaboration of programs of permanent improvement of personnel[18]. Therefore, it is worth noting that the professionals must be constantly trained and empowered to develop their activities, whether for improvement, either to develop new procedures.

This aspect is fundamental for the pregnant women have the best possible assistance and to ensure that these professionals do not lose interest by permanent learning. During the interviews, the professionals reported that the city of Niteroi is constantly providing courses and workshops with themes related to Women's Health. There were cited by professionals, courses with the following topics: prenatal, birth and postnatal care, breastfeeding, maternal mortality, pre-eclampsia, eclampsia, STDS such as HIV, hepatitis and syphilis, training for quick testing for HIV, viral hepatitis and syphilis. The purpose, the following statements of the

interviewees: "[...] had an update on syphilis, as soon as I entered. These courses are essential to keep everyone with current knowledge [...]." (E4) "[...] had several courses that I made at the City Council, about breastfeeding, STDS, HIV, Quick Test viral hepatitis, syphilis and [...]". (E5) "[...] Workshops offered by the city of Niteroi, about breastfeeding, quick tests, help much to everybody who is in the practice of prenatal [...]". (E6) "[...] I have done, at the City Council, courses of prenatal care, eclampsia, viral hepatitis, which were very important for my practice and supplemented my training [...]". (E8)

The commitment with the constant improvement of professionals is essential to ensure that the actual changes in practice occur. For this reason, it is necessary to invest in continuing education, which binds to the policies of decentralization and is based on proposals for development, based on the particularities and the demands of the reality of the work of the health services searching; therefore, the changes in practice[19].

A good network setup in prenatal care is essential to be able to think in terms of quality, comprehensiveness and humanization. It stands out as the institution of the Network Stork has been contributing to boost new horizons for the practice, aiming to operationalize the network of attention to women in their various life cycles. The third objective of the Network Stork, as set out in Article 3 of the DRC-36, is to organize the network of attention to maternal and child health for which it guarantees access, reception and resolubility[20].

The experience of survey participants revealed that this is still not being seen in practice, as their reports: "[...] has to make a fundamental test as toxoplasmosis and we are not doing. And not all have the money to do this exam, and where it is cheapest? I do not know. This is a great difficulty, the lack of medicine is very difficult. As I keep a pre-natal without a ferrous sulphate and without this vitamin for pregnant women? This is very difficult. Say to the mother: "Look, that we are not doing! The morphologic ultrasound, I think that everyone had to have the right to do so. We do not. The vacancies not a few. So, if I have 80 pregnant women, I have 3 ultrassounds of morphological characteristics to do. This is very difficult. What is the criterion that I give to and do not give to B in a morphological ultrasound? (E2); "[...] So, our routine is a patient who is pregnant. Has the beta or has the ultra. The people registered to come to the rapid test because, in this first consultation, we can now catch. Then, if you have a problem [...] Not everyone who makes the rapid test and ends by forwarding to us also make and everyone ends up absorbing. All clinics should make a quick test, the examinations take two months. Then, if they are with syphilis, until you are able to deal with already contaminated, then the person has a miscarriage and so we have all this care. Sometimes, we cannot take the whole world because we have many pregnant women here, and everyone tries to make the examination in these pregnant women of first time [...]" (E7); "[...] Sometimes, make certain exams that need to be made in pre-natal care, toxoplasmosis, rubella only if had current contact, if not had rubella in childhood. Isn't as formerly that we asked for rubella for all pregnant women. Nowadays, there. But toxoplasmosis, cytomegalovirus, markers of hepatitis, for who is negative, the van test, none of these. The marker of hepatitis, until today, has the examination of filter, which has hepatitis B and C. but the others, while not. So, I think that is a challenge. One have the mother needs, diagnosis faster. And when it is to motherhood, she be well answered. Because it has great reports, but has bad reports [...]" (E10); "[...] What do more is this: Orient, measure the fundus of the uterus, because we lack many exams, everyone asks what gives. Lack sleeve procedure, until the sonar, do not have sonar. This issue of health in the country is very complicated. The other day, I had to answer a patient to take the points and, when open, the scalpel was rusty, I threw out. There was no way I use material rusty [...]" (E12).

According to the Schelerian Thought, the mentality of modern society causes an inversion of values, making what is vital to what is useful and it occurs whenever the health is not a priority[6]. It is observed in the statements above, that the medicines, exams and other materials are not being properly offered as provided by law, generating, then, a constraint for professionals, because they cannot provide a network of services that meets the needs of pregnant women.

This type of reasoning of society becomes enjoyable (the lack of structuring the network of services) that is only for some, for those who are not interested in a quality public health and, for this reason, this feel pleasant not moving in the direction of growth of vital values. Scheler

exemplifies: “sweetened poisons and bitter medicines”, which means that a poison is always poison, it causes damage, even if you have good taste, and medicine, when necessary, is essential to life, even being bitter[6]. With this sentence, we view as well the question: What is useful should aim a vital essence, which is pleasing to the senses, as is the mother-infant health, regardless of the sacrifices to be made. Any conduct that do not walk to the quality of care incurs inversion of values.

A study that gave voice to the pregnant women of the city of Niteroi showed a delay in the process of making and receiving the results of examinations, evidencing a failure in the network of health attention, from the moment they are obstacles related to accessibility to health services, and these are endowed with a utility value[21].

The value of usefulness is somehow predicted on the basis of what is pleasing to the senses; however, if it is nice to provide a qualified network and integrated to the population, it is possible to conclude that this evaluative attitude of usefulness is for a vital essence, which is the health of those who need this care[6]. Therefore, this issue of failure in the network services, as evidenced by the lack of exams or even the delay in the delivery of its results, configure safety risk to the patient, exposing a counter-value, i.e., what goes to an essential value.

In the case of risks for the patients, it is worth remembering some settings that Article 3 of the Resolution RDC-36, establishing actions for patient safety in healthcare services, among which, we include: quality assurance: totality of systematic actions necessary to ensure that the services provided be within the quality standards required for what they purpose; patient safety: reducing to a minimum acceptable of the unnecessary risk of damage associated to health care; health services: establishment intended for the development of actions related to the promotion, protection, maintenance and recovery of health, whatever the level of complexity, in regime of hospitalization or not, including attention held in offices, homes and mobile units[13].

Article 16 of Law N 8080/90, affirms that, among the powers of the National Direction of SUS, there are: to define and coordinate the network systems of public health laboratories; formulate, assess, develop standards and participate in the implementation of the national policy and production of inputs and equipments for health, in conjunction with other governmental agencies; to control and monitor procedures, products and substances of interest to health[22].

To organize health actions in Primary Care, guided by the integrality of care and properly articulated with other networks, it must use management technologies that allow aggregating the work of teams of basic units to the professionals belonging to other health services, thus ensuring greater effectiveness in the resolution of problems presented by the population[16].

There is no doubt that efforts should be added to the configuration of the network of prenatal care have a positive prognosis, in the direction of improvement in provision of basic conditions for an adequate prenatal care. The health professional is fundamental in this articulation of networks toward an improvement of assistance. However, the public power should prioritize vital aspects for society, as is the case of health, for which no longer occur these serious failures those can contribute to a significant increase of maternal mortality, perinatal and neonatal.

CONCLUSION

The prenatal has the objective to promote the maternal-fetal well-being, with the focus on the safety of this binomial during the process of pregnancy and the events those follow. The health care professional should support and promote the health of pregnant women, basing their practice on scientific evidence, always aiming at the creation of essential link to a monitoring of quality in addition to the biological.

The task of precariousness in human and material resources, pointed out by the study participants, is very worrying and was assessed by them. These values are useful, as they are for a vital essence, which is the health and well-being of the mother and the baby. Therefore, the network must be well organized to ensure human resources, physical, material and technical and ensure access to pre-natal examinations and their results, in due time, once the violation of these determinations will meet the public policies and compromise the quality of care.

From the above, it is concluded that prenatal care has a lot to advance, with respect to essential resources, to become qualified and humanized and this will only be possible if public

policies are experienced in practice. Therefore, there must be a social mobilization and from the public power, aiming to change this reality. Only in this way, it will be possible to ensure the best efficiency in the fight against infant and maternal morbidity and mortality.

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