

## Humanization in academic education: perception of physiotherapy student

## Humanização na formação acadêmica: percepção do estudante de fisioterapia

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**RESUMO | INTRODUÇÃO:** A humanização se destaca como um importante aliado no processo de assistência a saúde. Sendo assim, buscando sua efetivação, torna-se fundamental que suas propostas estejam inseridas desde o processo de graduação do fisioterapeuta. **OBJETIVOS:** conhecer a percepção de estudantes ingressantes e concluintes do curso de fisioterapia sobre a humanização na formação do fisioterapeuta e identificar sua inserção no decorrer do curso de fisioterapia. **ESTRATÉGIA METODOLÓGICA:** estudo descritivo, comparativo e de abordagem qualitativa. Participaram da pesquisa quatorze estudantes de fisioterapia, sendo dez destes acadêmicos concluintes (9º semestre) e quatro ingressantes do curso (1º semestre), que responderam a uma entrevista semi-estruturada que abordou questões referentes a humanização e sua importância. Os dados foram analisados sob a perspectiva de Bardin, e todos os entrevistados assinaram o Termo de Consentimento Livre e Esclarecido (TCLE) antes de realizar a entrevista, com a aprovação do Comitê de ética, CAAE: 73475617.1.0000.5628. **RESULTADOS:** após transcrição das entrevistas e análise rigorosa do discurso, todo o material coletado foi categorizado como: 1. "As diferentes definições da humanização"; 2. "Porta de entrada para o conhecer da temática humanização", com subcategoria "Vivência da humanização na formação acadêmica" e 3. "A importância da assistência humanizada". **CONSIDERAÇÕES FINAIS:** os acadêmicos concluintes do curso de fisioterapia, ainda que apresentem dificuldade de aprofundamento teórico e prático, demonstraram melhor compreensão sobre a temática humanização, quando comparados com os estudantes ingressantes, pois estes possuem pouca familiaridade com a temática.

**DESCRITORES:** Humanização. Fisioterapia. Graduação

**ABSTRACT | INTRODUCTION:** Humanization stands out as an important ally in the healthcare process. Thus, seeking its effectiveness, it is fundamental that its proposals are inserted since the graduation process of the physiotherapist. **OBJECTIVE:** to know the perception of incoming and finishing students of the physiotherapy course on humanization in the training of the physiotherapist and to identify their insertion during the course of physical therapy. **METHODOLOGICAL STRATEGY:** a descriptive, comparative and qualitative approach. Fourteen physiotherapy students participated in the study, of which ten (9th semester) and four undergraduate students (1st semester) completed a semi-structured interview that addressed issues related to humanization and its importance. The data were analysed from the perspective of Bardin, and all the interviewees signed the Free and Informed Consent Form before conducting the interview, with the approval of the Ethics Committee, CAAE: 73475617.1.0000.5628. **RESULTS:** after transcription of the interviews and rigorous discourse analysis, all collected material was categorized as: 1. "The different definitions of humanization"; 2. "Entrance door to learn about the theme of humanization", with subcategory "Living humanization in academic formation" and 3. "The importance of humanizing assistance". **FINAL CONSIDERATIONS:** the final students of the physiotherapy course, although they present difficulties of theoretical and practical deepening, demonstrated a better understanding about the humanization theme, when compared to the incoming students, since they have little familiarity with the subject.

**KEYWORDS:** Humanization. Physiotherapy. University graduate.

## Introduction

Humanization emerges as a theme that has been discussed in the field of health, brings with it a subjectivity in its concept, and can be defined in varying ways among some authors<sup>1,2</sup>. According to Ayres<sup>3</sup>, it corresponds to a set of agreements related to health technoscience, that lead to the execution of human values that have as a consequence the common good. In the field of health, humanization has as its goal the search for strategies to prevent conflicts at work and solve problems caused by the overvaluation of techniques and materials, which consequently reflect the professional-patient relationship, and causes a distance between them<sup>4</sup>.

For better results in health care, National Humanization Policy (NHP) appears as a proposal to contribute to the production and effectiveness of this theme<sup>4</sup>. The NHP also has as its axis of action the implementation of contents related to the same, from graduation to the specializations of all health professionals<sup>5</sup>, in search of a humanized assistance with the objective of contributing to the learning of the professional's relationship with the patient, as well as their communication<sup>2,6</sup>.

When exploring the definition of physiotherapy according to the Resolution of COFFITO, nº. 80, of May 9, 1987, it is perceived that it expresses the importance of establishing a good relationship with the patient, as well as the need to analyze it in all its biopsychosocial dimension, bringing out the importance of humanization as a concept and cooperative practice for the best welfare of the individual to be treated<sup>7</sup>. Therefore, literature reveals humanization as important in the academic training of several courses in the field of health, as well as the need to insert its proposals<sup>2,8,9</sup>.

Therefore, it is necessary to have a health education that is not directed only to technical knowledge, but rather to guarantee the formation of professionals who look beyond being patient, in their integrality as a human being<sup>10,11</sup>. Also, to ensure this thought, the national curricular guidelines of the undergraduate course in physiotherapy, proposed by the Ministry of Education, emphasize that social and human sciences contents should contemplate the curricular matrix of the course, since these are studies directed to the man and his relations, and that allows critical looks and reflective, in order to contribute to the student

of physical therapy in a humanistic formation. Given this, it is extremely important that universities invest in this modality<sup>12</sup>.

Since humanization is an important ally for health care, it brings to the fore the rescue of human values as substantial for the improvement of care and the professional-patient relationship and interpersonal relationships, and guarantees, beyond technical knowledge, the well-being of all involved, some studies reveal the obligation and necessity of a humanistic academic formation through practical and theoretical experiences in the graduation, with the intention of making the effective production of this subject. In this context, it stands out as relevant this insertion in search of more effective results in the work of the health professional. Therefore, this study aims to know the perception of incoming and finishing students of the physiotherapy course on humanization in the training of the physiotherapist and to identify their insertion during the course of physical therapy.

## Methodological Strategy

This is a descriptive, comparative and qualitative study carried out with female physiotherapy students at a community institution of higher education in the city of Salvador/BA. For the execution of the research, all the available students of the Higher Education Institution (HEI) were enrolled, who were duly enrolled in less than 20% and in more than 80% of the physical therapy course, which was analyzed through the enrollment. Students who had previous training, who were completing another undergraduate degree or who had been graduated from another HEI, all in the health area, were excluded from the study.

The procedures for collection followed the application of semi-structured interviews, performed in a single moment, voluntarily and individually, without the stipulation of time, that occurred in the months of March and April of 2018. Initially a sociodemographic questionnaire was applied, followed face-to-face interview, which in the first instance was recorded through a smart phone model Moto G 3 (3rd generation) and later transcribed in full. The following open-ended questions regarding humanization and its importance have been dealt with: Have you ever heard about humanization? And under what

circumstances? What does humanization mean to you? Make you realize humanization for the training of the physiotherapist? If so, in what way? In order to allow different answers in ideas and conceptions.

The number of interviews was not predetermined, because the study ended for convenience, when the information is considered acceptable for the accomplishment of the same and the content becomes redundant and repetitive. It is noteworthy that the interviewer was previously trained to perform the inquiries in a way that did not cause embarrassment for the interviewee and did not interfere with the study results. Thus, the questions were interpreted by the interviewer with the intention that there would be no strings to the answers on the part of the interviewees, among other precautions. The date, time and place of the interview were marked by a consensus between the two (the interviewee and interviewer), with emphasis on choosing an environment that favors the privacy of those involved.

Data were analysed after the text manual transcription of the interviews, from the perspective of Bardin<sup>13</sup>, which consists of an exploratory analysis, characterized by the codification, classification and categorization of the information. The etic categories used as to the student's perception about humanization were: care; respect; compassion; ethics, the priori categories: human values; otherness; dedication, and the emic categories could only be emerged in the field. All the interviewees signed the Informed Consent Term (ICT) before conducting the interview. Thus ensuring the anonymity of the participants, as well as the secrecy of the information. The research was subject to approval by the Ethics Committee, CAAE: 73475617.1.0000.5628, according to the recommendations of Resolution No. 466/12 of the National Health Council.

## Results and Discussion

Fourteen physiotherapy students were interviewed, ten of which were final scholars (9th semester) and four students of the course (1st semester). All agreed to carry out the research voluntarily and under signing of the informed consent form, and there were no withdrawals. The age range of the interviewees ranged from 18 to 25 years, with a predominance

of females (11 female interviewees). When making a survey about the socioeconomic situation of the participants, the majority of the results corresponded to the income of one to three minimum wages; as to the questioning about the modality of studies in high school (public or private school), the majority claimed to be from public school.

After transcription of the interviews and rigorous analysis of the discourse, all the material collected went through a characterization of the findings that were most reported and highlighted as important, going through advanced categorization. The categories were defined and separated as: 1. "The different definitions of humanization"; 2. "Entrance doors to the knowledge of humanization", with subcategory "Experience of humanization in academic formation" and 3. "The importance of humanizing assistance". For better observation, speeches were organized through fanciful names that were related to the synonyms of humanization and the academic periods were emphasized to guarantee the anonymity of the participants.

### The different definitions of humanization

The term humanization is recreated and renewed over the years, and carries with it several meanings that may represent its definition, because it is a theme corresponding to inter subjective relations. It could be observed that within the diverse interpretations about the concept of humanization, most of the speeches of the concluding students have brought up factors that guide the meaning of empathy, according to the following statements:

*[...] We put ourselves in the place of the person. We look at that person and know and imagine: if I were in her place? How would I feel? And what can I do for her? [...]*  
(Solidarity, 9th semester)

*[...] "For me" humanization, it is closely related to empathy. [...]* (Fraternity, 9th semester)

According to the LUFT dictionary<sup>14</sup>, empathy corresponds to the "state of mind in which one person identifies with the other, supposing to feel what he is feeling," that is, it is the ability of you to understand and imagine yourself in the same circumstances, put yourself in the other's shoes. In line with this concept, one of the discourses brings the following speech that reproduces characteristics of the term:

*[...] Is the fact that you put yourself in the other's place, of being human in dealing with the other or conversing with the other (Charity, 9th semester)*

Bracarense et al.<sup>9</sup>, when analyzing the perception of students from different health areas, perceived that they subjugate humanization as acts of empathy, which corroborates with the idea of Deslandes<sup>4</sup> that discusses humanization as establishing a relationship based on the constitutional principle of equality, which refers to treating equally, and brings up concepts of reciprocity and empathy. However, it emphasizes that there is a limit, since it can lead to an exacerbated identification of the professional with the situation of the patient and create protective blocks that compromise the performance of the treatment.

With regard to the perception of the incoming students, it was noticed that they present immature language and cannot develop their speech in an embedded way, as can be verified in the following speeches:

*It would be kind of social interaction, something like that... It would be more the relationship between people, I do not know. (Care, 1st semester)*

*For me to humanize is... (pause) the act of inserting in quotation marks a person within the framework of ethics in society. (Compassion, 1st semester)*

In another comparative study, some authors indicated through discourses of nursing students that the humanization theme is only properly said at the end of the course by reports of the students of the 8th period and also highlight lack of foundation in the students of the 3rd period<sup>15</sup>. Therefore, this lack of familiarity with the subject can be directly influenced by the period in which the academy is.

However, with the exception of one of the discourses of the incoming students, who showed previous knowledge about the term:

*It is the return of man to his human essence, his values, his principles and his morals, in his dignity, in his duties. So the humanization is this, it is man living in the human being, fleeing from that dimension, of everything that comes the rupture of what I have already said of*

*values and everything else, which already generates a dehumanization. So I think that is it, humanization is to take man back to his essence of what he is, with his values, principles, and morals. (Love, 1st semester)*

This and other discourses run to humanization under the vision of the recovery of human values, even if subtly, in respect to respect, receptivity and solidarity, terms that are quoted in some lines:

*To me is an issue that is intertwined with humanity, a human being, I think it includes being supportive as well, being receptive. [...] (Integrity, 9th semester)*

*Treating others with respect, I think sums it all up. [...] (Respect, 9th semester)*

In the study by Carvalho et al.<sup>16</sup>, acts that constitute human values, such as solidarity and respect, also appeared in the discourses of physical therapy students in conceptualizing humanization. This context rescues the origin of the term humanization, which emerged as a philosophical doctrine in the Enlightenment and Renaissance period that extolled the importance of man to know and recognize his values and human rights, citing the principle of solidarity and the pursuit of happiness through freedom of expression<sup>4</sup>. Thus, in the following speech, one could observe the presence of this ideal:

*I'll put myself like this: a person being humanized. To have your rights and duties related to anything else, for example: to come and go inside the college, to have your rights to claim, to be able to speak, to address any matter that may intervene, to change, and to speak, , to have my moment to express myself. That's my opinion. (Universality, 9th semester)*

Although there are several different definitions and perceptions about humanization, most discourses converge to care, zeal, and learning inter subjective relationships, in pursuit of strategies aimed at the well-being of all, as quoted by some authors. Discuss the humanization intertwined with the integrality of care and with the realization of values That has been as a consequence of the common good<sup>3,4</sup>. It is worth mentioning that when confronted with the two groups in the study. There was a divergence as to the evolution of their speeches, which can be justified by their prior knowledge bases and academic immaturity.

## Entrance doors to the knowledge of humanization

Humanization is still little discussed and little described in society and in academic literature. In health, it was noted that even though it is so significant. It is shown as limited knowledge<sup>9</sup>. This category identified the entrance doors to get to know the subject, which showed to be linked to the students' experience in the graduation process, mainly by the speeches of the trainee students:

*[...] in fact, I started to hear talk here in college [...]  
(Empathy, 9th semester)*

*[...] Humanization, in fact, I only heard of after I entered college. Before that I had never heard of it. I learned about humanization in college. (Solidarity, 9th semester)*

Most of the incoming students showed superficiality when asked if they had heard about humanization and what were the circumstances:

*No. The humanization itself already, but so the person reaches "me" and talk about humanization, no. It must have been at school, some comment from somebody.  
(Compassion, 1st semester)*

*Already, but I do not know the real meaning, the meaning. (Care, 1st semester)*

However, one of these revealed that his prior knowledge came from a religious character:

*Yes, in the matter of... for being religious [...]  
(Love, 1st semester)*

By demonstrating that the knowledge of humanization is linked to the students' experience in the undergraduate process, especially graduate students, the discourses were gathered in a subcategory described as: "Humanization experience in academic formation".

### Humanization experience in academic formation

Knowing that the approach of the humanization theme to the improvement in its performance, should be started in the graduation of the health professional<sup>2,17,18</sup>, it is important that the students

know, deepen and experience humanization in the training process. The present study observed this insertion in some speeches:

*[...] From the beginning, from the first semester and to this day I can say that there were few subjects, disciplines and teachers that did not address this.  
(Fraternity, 9th semester)*

*[...] in the first two years of college I did not listen so much, but in the third year of college that was really when we started picking up specific subjects and started to deal with someone else, I actually saw the teachers demonstrating how it should be made, as it should not, the best way to do it (Union, 9th semester)*

*[...] in collective health, that we see that business of more humanization and such. (Empathy, 9th semester)*

The national curricular guidelines of the undergraduate course in physiotherapy, which are proposed by the Ministry of Education, through design and guidelines for the formation of the curricular matrix of physiotherapy course, aims to guarantee human and quality professionals in the market. Thus, it is the role of universities to include this modality through disciplines that study human relations and the integrality of their actions<sup>12</sup>.

The second and third discourses presented demonstrate a tendency in the insertion of this theme, since the student reveals that the subject is only emphasized after more than half of the course of the course, proven in another study of comparative approach, in which it was noticed through reports from graduate students in nursing, that humanization is actually discussed at the end of the course, thus constituting a flaw in its curricular components<sup>15</sup>. In contrast, one of the students of the first semester of the course, reports the insertion of this topic in one of its disciplines, as illustrated below:

*[...] also in the discipline of bioethics, people are already beginning to pick up the question of the human being, the mentality, the person who is the human being.  
(Love, 1st period).*

These arguments can be the consequence of the process of curricular updating that the universities usually pass through the years.

Experiences of the humanization theme should be included in the curricular components of health course in all its aspects, both theoretical and practical, to better understand the students<sup>1,3,15</sup>. This consideration is confirmed in the present study through the speech of one of the students of the 9th semester of physical therapy, even though in a redundant way, since it reports being able to understand humanization in the practical context of execution:

*[...] in the question up to now of the stage, of going to the stage, of having the issue of humanization in treating people. (Respect, 9th semester)*

According to the texts and speeches presented, it is evident the insertion of this theme during the course, even for some, in a brief way. It is worth mentioning that the academic context meant a gateway to the knowledge of humanization by most of the interviewees. Having said that, one can see how important the role of the university and the teaching staff is as a facilitator of learning<sup>15</sup>.

### **The importance of humanizing care**

In the field of health, humanization is inserted as a proposal to reconstitute care and appreciation in the relationships of those involved in the assistance process<sup>4</sup>. Therefore, it is the duty of the professional physiotherapist to work at all levels of attention seeking humanized care, and to recommend aspects such as the integrality of the human being, communication and dialogue to learn the professional-patient relationship, with a view to the quality of care and of the well-being of all<sup>12</sup>.

Still in this context, the speeches of the trainees almost in general, tend towards the humanization in health care, more precisely for the physiotherapist's work, and raised questions that is necessary for the effective production of the theme:

*[...] then we will not only look at a difficult, a limitation that the person has, for example, in the hand. We are going to look at the whole person, who "is" the person in society, with the family, what is "going" in general. (Solidarity, 9th semester)*

The present discourse expresses the need for a care that is not only directed to technical knowledge but which includes all aspects relevant to the

health/disease process. According to the literature, humanization must be incorporated and developed in the practices of care under a vision that is not restricted to the experience of the patient's illness, but which seeks information related to its social, cultural, economic and psychological context<sup>4</sup>, factors that are mostly determinants for treatment evolution.

*[...] you look at the individual as a whole, go beyond your illness, your pain, your suffering, and from there, give the best assistance possible. (Fraternity, 9th semester)*

However, this scenario is deficient, since some authors have carried out a study that demonstrates the dissatisfaction of public health care users regarding care, as well as the lack of quality and humanization of professionals<sup>19</sup>. Other authors confirmed this scenario, when realizing that it is still a need to grow health professionals for a humanized work<sup>20</sup>.

Therefore, in order to adapt the health care system through ethical-aesthetic-political actions, the National Humanization Policy (PNH) advocates the sensitization of health teams regarding commitment to the subject and the collective and encourages communication in inter subjective relationships, especially with regard to the professional-patient relationship<sup>5</sup>. In line with this proposal, the relevance of establishing a relationship with the patient regarding health care was discernible through the speeches of outstanding scholars:

*[...] then I think it is fundamental to have this humanization with the patient, to take care of the patient, to worry about the patient [...]. (Charity, 9th semester)*

However, in spite of observing that the 1st semester students had difficulty in understanding about humanization and therefore failed to evolve in their speeches during the interviews, two of them mentioned the importance of this link, the first in a more superficial way and the second with theoretical basis, respectively:

*The problem is the relationship of the patient and the physiotherapist. This relationship of direct contact with the intention to improve, resumes the movements. [...]. (Care, 1st semester)*

*[...] if the physiotherapist does not have the question of that certainty, of that care that the other, the human being, needs to be loved, cared for and respected in these dimensions of human being, if he does not "have" that care, that empathy, this heart donated, he loses himself and loses the sense of his profession, because physiotherapy is a profession of caring for the other, it is a profession also of the contact with the other, is knowing that I am in contact there with the being human, and that I need to face, experience and interact with him as such. (Love, 1st semester)*

Health care is a consequence of the process of humanization<sup>4</sup>, but attention must be paid to the fact that some lines have channeled to the emotional involvement of the professional, a factor that distorts the principles of humanized care and links personal aspects to care and generates negative repercussions<sup>21</sup>. Thus, it is evident the need to insert the proposals of humanization in the scope of health care, in order to promote interpersonal relations, valuing the dialogue, care and vision of integrality of the human being.

Thus, the advantages of the present study are the perceptions through the students' discourses about the period and the disciplines that incorporate the humanization proposals, which can be used as information to collaborate in the decision making and improvement on the possible methods which have been and can be elaborated for your learning. However, it is worth emphasizing the difficulty of access to the students entering the interview and, therefore, restricted the number of these participants in the study, even though it was not a determining factor in the quality of the information.

## Final considerations

In view of the results found and the analysis of students' perceptions, it is evident that, even though they present difficulties of theoretical and practical deepening, the final students of the physical therapy course demonstrated a better understanding about the humanization theme, when compared to the incoming students. Have little familiarity with the subject. It is important to note that, in a notorious way, the formal knowledge about the subject is pointed out by the students after more than half of the course.

As a result of this, the possibility of a discussion about the insertion of humanization proposals into the curricular components of the physiotherapy course of the university becomes valid, as well as the strategies that were and should be performed for this incorporation. There is, therefore, a need for a deepening of humanization that seeks all the inclinations of its concepts and is beyond what was discussed in the present study by most of the students, since it was intertwined with the process of health care and professional relationship -patient. New research should also be prioritized to analyze the curricular components of physiotherapy undergraduate course, due to the deficiency in academic banks because they do not explore this area.

## Author contributions

All authors participated from the conception of the study design to the writing of the manuscript and approval of the final version.

## Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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