

HUMANIZATION IN THE SCOPE OF ACADEMIC TRAINING OF UNDERGRADUATE STUDENTS IN DENTISTRY, NURSING AND MEDICINE IN THE LIGHT OF PEDAGOGICAL POLITICAL PROJECTS

A HUMANIZAÇÃO NO ESCOPO DA FORMAÇÃO ACADÊMICA DOS GRADUANDOS EM ODONTOLOGIA, ENFERMAGEM E MEDICINA À LUZ DOS PROJETOS POLÍTICO-PEDAGÓGICOS

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## Resumo

Um dos maiores desafios na formação acadêmica do profissional de saúde é a conscientização da importância da humanização no atendimento, que, além de valorizar o cuidado em suas dimensões técnicas e científicas, reconhece também o direito dos pacientes, sua subjetividade, individualidade e autonomia. Este trabalho objetivou identificar e analisar, por meio de uma pesquisa documental, a presença do termo humanização nos Projetos Político-Pedagógicos e Diretrizes Curriculares dos cursos de: Odontologia, Enfermagem e Medicina da Universidade Federal Fluminense em Niterói, no estado do Rio de Janeiro. Foi realizada uma pesquisa exploratória descritiva, com abordagem qualitativa. A análise documental dos currículos evidenciou uma aproximação com o tema nos três cursos estudados, porém com variações importantes no que se refere ao método de aplicação dos conteúdos teórico-práticos, ao longo do processo de formação. Nessa perspectiva, o curso de Medicina apresentou uma distribuição mais homogênea dos conteúdos relacionados ao termo humanização encontrado nas suas disciplinas obrigatórias. Foi possível, também, perceber o empenho dos cursos em contemplar as Novas Diretrizes Curriculares tendo a humanização como elemento prioritário no que se refere à construção de novas relações entre alunos, docentes, usuários dos serviços e a rede do Sistema Único de Saúde (SUS) local. Conclui-se que os três cursos estudados apresentam uma aproximação com o tema, esforçam-se em incorporar os pressupostos da humanização, tais como: ética, respeito, acolhimento, e procuram uma maior aproximação entre os sujeitos envolvidos na construção de novas relações entre alunos, docentes e usuários dos serviços e a rede SUS local.

**Palavras-chave:** Humanização; Medicina; Odontologia; Enfermagem; Formação Acadêmica.

## Abstract

One of the greatest challenges in the health professional training is to be aware of the importance of humanization in care, in which, in addition to valuing care in its technical and scientific dimensions, they also recognize patients' rights, their subjectivity, individuality and autonomy. This work aimed to identify and analyze, through documentary research, the presence of the term humanization in the Political Pedagogical Projects and Curricular Guidelines of the Medicine, Dentistry and Nursing courses of the Federal Fluminense University. A descriptive exploratory research was carried out with a qualitative approach. The documentary analysis showed an approximation with the theme in the three courses studied, but with important variations regarding the method of application of the theoretical-practical content, throughout the training process. In this perspective, the Medicine course presented a more homogeneous distribution of the contents related to the term humanization found in its obligatory subjects. It was also possible to perceive the commitment of the courses to contemplate the New Curricular Guidelines, with humanization as a priority element in the construction of new relationships among students, teachers, users of the services and the local Public Health System (Sistema Único de Saúde - SUS). It is concluded that the three courses studied present an approximation with the theme, strive to incorporate the presuppositions of humanization, such as: ethics, respect, acceptance, and seek a closer approximation between the subjects involved in the construction of new relations among students, teachers and users of the services and the local SUS.

**Keywords:** Humanization; Dentistry; Nursing; Medicine; Teaching

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## INTRODUCTION

One of the biggest problems encountered in the preparation of healthcare professionals is the little importance given to humanization in academic training, possibly due to the mechanistic and reductionist view of human being. He is not seen as a full organism but as a set of parts treated separately, losing the notion of the biological unity. Recognizing only the biological and physiological needs would be insufficient to visualize the human being as a whole. Since 1970, North American medical sociology has concentrated on conceptualizing humanization and dehumanization in healthcare (1).

Enriching the meaning of humanism, Rios (2009) addresses the term on various conceptions (2). In a philosophical sense, humanization finds its roots in Humanism, a philosophical current that seeks to understand human being and indicate ways for individuals to understand each other. However, its psychoanalytical reading turns to the position of subjectivity in the field of health. Humanization is characterized by becoming human: the admission of all human dimensions – historical, social, artistic, subjective, sacred, or harmful – enabling conscious and responsible choices. In addition, the humanized relationship between doctor and patient has been addressed in medical anthropology literature, supporting the need for these assumptions in the training of physicians and other healthcare professionals.

In addressing the term humanization, it seems a consensus that the central issue is the subject. This person seeks the health service, thus characterizing a humanized, personalized care (3).

In 2000, the Ministry of Health created the National Humanization of Hospital Care Program (NHHCP), aiming to encourage disseminating humanization ideas, situational diagnoses and promoting humanizing actions given the local reality. In 2003, the NHHCP underwent a review, and the Ministry of Health launched the National Humanization Policy (NHP). It “changed the level of reach of the humanization of hospitals for the entire SUS network and defined a policy, whose focus became mainly the management and work

processes” (2). With this policy, humanization accesses processes of great importance such as the management and organization of work in health services, with participatory management emerging as the chosen model for carrying out this policy. The NHP adopts humanization as a set of principles and guidelines, which are translated into actions in different services, health practices, and instances of the system, with characteristics of collective construction. The National Humanization Policy presents a proposal for humanization seen, not as a program, but as a policy that permeates the different management and actions instances of the SUS.

Concerning the health education process, the Law of Guidelines and Bases of National Education, Law 9,394, of December 1996, ensures higher education greater flexibility in the curricular organization of courses and is inconsistent with contemporary trends in considering undergraduation level training as an initial stage of continuing education; as well as the growing heterogeneity of both prior education and students’ expectations and interests (4).

With the National Curriculum Guidelines (NCG), demands were created for higher education institutions (HEIs). Such demands are related to the quality of undergraduate education and imposing other challenges for course managers, for the training and practice of professors, since they are not restricted only to reviewing the curricular contents. Thus, new Pedagogical Projects are essential for the training of new healthcare professionals.

The Pedagogical Political Project (PPP) is an intentional action with a clear meaning and a commitment chosen collectively in search of a path, a direction (5).

The humanization of healthcare has been widely disseminated, explored, and propagated. Its importance and need cannot be denied in a globalized world. The patient arrives with information and questions, translating into expectations concerning the service and completing the proposed and accepted clinical work. Therefore, it is relevant to approach the term in the training of health professionals and not just a simple literal reproduction of PPPs. Students need to understand the different

meanings and forms of application of the word “humanization.”

In this study, humanization is conceptualized in attitudes valuing care in its technical and scientific dimensions and recognizing patients' rights, subjectivity, individuality, and autonomy. In other words, the encounter of subjects in and through the act of care, the meeting of subjectivities. It is noteworthy that this definition is consistent with the Ministry of Health (6).

This research aimed to identify and analyze, through its PPPs, the presence of the term humanization in the academic health education of Medicine, Nursing, and Dentistry courses, of a Public Institution of Higher Education seeking in its curriculum the mandatory subjects committed to the term.

## METHODS

### Research and sample type

This study is quantitative-qualitative descriptive, and exploratory. Through institutional public documents, it sought to understand how the term Humanization is used throughout the training of undergraduate students in Medicine, Nursing, and Dentistry courses of a Public Institution of Higher Education. A bibliographical review and documental analysis of the institution's PPPs were carried out. These courses were chosen as they are the oldest ones and have gone through several processes of changes and revision of their PPPs, except for Dentistry, which started its process of change more recently.

The documental analysis' goal was to identify, in the primary documents of each course, the PPP of the studied courses and information that could serve as data to guide the concerning analysis (7).

### Data collection

Each of the three undergraduate courses in the health area provided data from the PPPs formulated during their implementation. Humanization, or related terms such as caring, humanizing, welcoming, respect, and ethics, were selected from the mandatory subjects.

The method in question aims to identify, in primary documents, information that may serve as a subsidy to clarify any doubts about the research. As a natural source of information, documents are not considered the origin of contextualized information but arise from a particular context and provide information about this same context (8).

### Data treatment

The data collected, considering the terms above present, at least once, in the menus and objectives of each mandatory subject in the PPPs of each course under study, were identified, stratified, quantified, and presented as relative graphs (percentages) and tables.

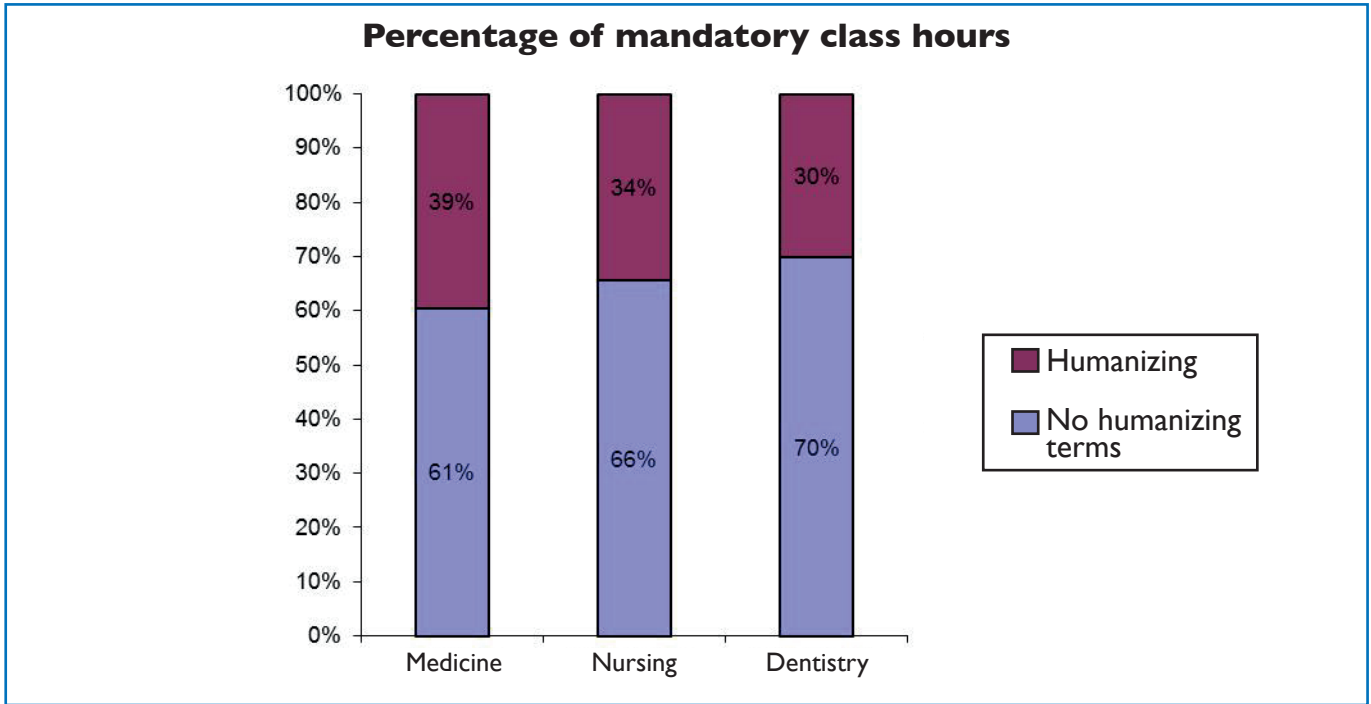
## RESULTS

Graph 1 presents the investigation related to the Percentage of Total Credit Hours of the mandatory subjects of each course, mentioning the studied term and correlated ones.

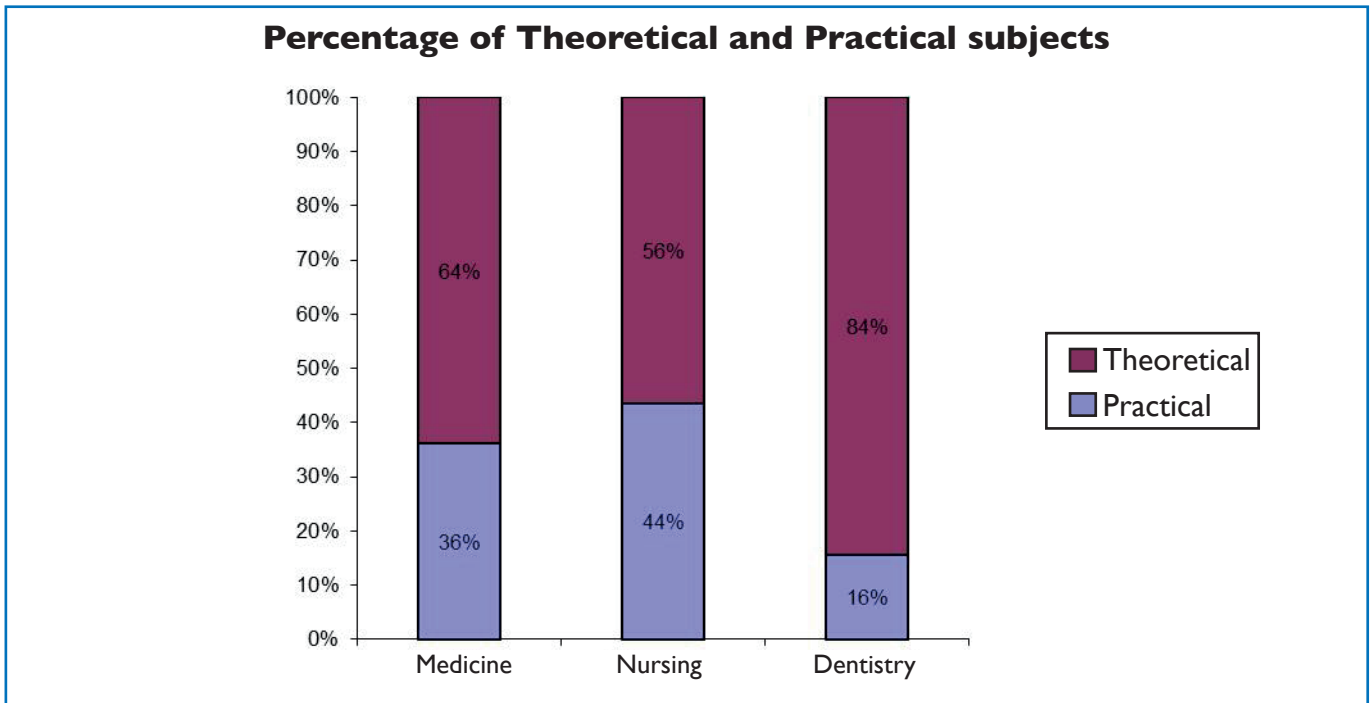
Graph 2 demonstrates the presence of terms and their correlates in mandatory subjects of the studied courses, analyzing the theoretical or practical workload. The highest incidence of these terms is found in theoretical subjects. While the Nursing course demonstrates a larger balance between theory and practice, they are most unbalanced in the Dentistry course.

The Medicine course has a total course load of 9,270 hours. Of them, 5,660 class hours of mandatory subjects were considered in the study, and of these, only 3,456 class hours dealt with the topic as described in Table 1. Subjects with practical content more considerable than the theoretical one develop concepts of man and his subjectivity, leading to the encounter with two individual subjects.

The Nursing course has a total workload of 4,940 hours, of which only 1,700 hours in subjects were presenting the terms studied. Table 2 shows the subjects with theoretical and practical workloads compatible with the humanization concept. The other subjects that develop the humanist concept in the course are strictly theoretical. They prioritize meeting the subjects involved, nurses and patients,



**Graph 1** - Percentage of class hours of mandatory subjects using humanizing or related terms.



**Graph 2** - Percentage of mandatory Theoretical and Practical subjects using humanizing or related terms.

approaching the humanization concept, and direct them to specific situations of the disease and cure process. These subjects, with a theoretical approach, support the ones with a practical workload.

In the Dentistry course, 4,035 class hours make up the workload of mandatory

subjects, and of these, only 1,220 class hours present the term studied in their syllabus and objectives. Four subjects have an exclusively theoretical workload, described in Table 3. It is important to emphasize that Fundamentals for the Dental Clinic is the only subject mentioned above promoting the awakening to

**Table I** - Mandatory subjects with theoretical and practical content of the Medicine course addressing humanization or related terms.

<b>MEDICINE</b>			
<b>Subject</b>	<b>Class Hours</b>	<b>T</b>	<b>P</b>
Integrative Medicine in Child and Adolescent I	180	180	0
Integrative Medicine in Adult and Elderly I	180	180	0
Integrative Medicine in Adult and Elderly II	180	180	0
Medical Psychology II	30	30	0
Integrative Medicine in Adult and Elderly III	180	180	0
Integrative Medicine in Child and Adolescent III	180	180	0
Integrative Medicine in Child and Adolescent IV	180	180	0
Integrative Medicine in Adult and Elderly IV	180	180	0
Supervised Fieldwork III	420	0	420
Mental Health I	30	30	0
Health and Society II	30	0	30
Supervised Fieldwork II	360	0	360
*Conceptual Practical Program third and fourth phases	1530	0	1530
<b>Total</b>	<b>3660</b>	<b>1320</b>	<b>2340</b>
<b>T- theoretical; P- practical</b>		<b>36%</b>	<b>64%</b>

comprehensive care for the patient. The other subjects have specific content and are directed towards the dental clinic. They have the most extensive practical workloads and favor the permeability of multidisciplinary knowledge, developing scientific, technical knowledge, with the applicability of humanistic concepts in the relationship with the subjects (professional-patient-students).

## **DISCUSSION**

A humanized educational practice in the healthcare area places human being at the center of the process of building citizenship, committed and integrated to the social and epidemiological reality of social and health policies, providing opportunities for contextualized and transformative professional training (9).

Multidisciplinary clinics and supervised internships fall into subjects with only practical content, whose theoretical content was previously taught. These subjects have the most extensive practical workloads and favor the permeability of multidisciplinary knowledge, developing technical-scientific knowledge with the applicability of humanistic concepts in the relationship with the subjects (professional-patient-students).

The subjects whose practices are carried out in the laboratory are not directly related to patient care. At first, they develop the specific technique for each of them and prepare the students for clinical practice.

Sacristán (2000) understands that the concept of curriculum accepts different meanings since, "in addition to being susceptible to different paradigmatic approaches, it is used for different processes or phases of

**Table 2** - Mandatory subjects with theoretical and practical content of the Nursing course addressing humanization or related terms.

<b>NURSING</b>			
<b>Subject</b>	<b>Class Hours</b>	<b>T</b>	<b>P</b>
Human and Social Sciences	60	60	0
Nursing in Healthcare Management	90	30	60
Nursing in Women's Health I	90	30	60
Nursing in Women's Health II	90	30	60
Mental Health Promotion	60	30	30
Nursing in Child's and Adolescent's Health	100	20	80
Nursing in Child's and Adolescent's Health II	120	30	90
Concepts, Knowledge, and Practices of Mental Healthcare	60	30	30
Work Relationships in Health: Ethics, Bioethics, and Professional Legislation	60	60	0
Nursing Fundamentals I	160	70	90
Nursing Fundamentals II	160	70	90
Nursing in Healthcare Management II	90	30	60
Ethics	60	60	0
Nursing in Adult and Elderly Health	160	40	120
Nursing in More Complex Units	120	30	90
Didactics	60	60	0
Research and Teaching Practice II	100	0	100
Psychology Applied to Health	60	60	0
<b>Total</b>	<b>1700</b>	<b>740</b>	<b>960</b>
<b>Credit Hours of Mandatory Subjects</b>	<b>4940</b>	<b>44%</b>	<b>56%</b>

**T- theoretical; P- practical**

curriculum development" (10). Criticizing the technician and classist view of curriculum, Apple (1982) states that: *The curriculum area, more than other educational areas, has been dominated by a perspective that could better be called "technological," insofar as that the main interest implies finding the best set of means to achieve the pre-chosen educational goal. For him:[...] the curriculum is never just a neutral set of knowledge, which somehow appears in the texts and classrooms of a nation. It is always part of a selective tradition, resulting from someone's*

*selection, some group's view of what legitimate knowledge is. It is a product of the tensions, conflicts, and cultural and economic concessions that organize and disorganize a people* (11).

Medicine can be considered the precursor of this paradigm change. It is the oldest course in the health area, bringing as a need for this new scenario, comprehensive care, thus extending to other health professions. The subjects of Supervised Fieldwork II and III, Health and Society, and Conceptual Practical Program were noted as having only practical content with a

**Table 3 - Mandatory subjects with theoretical and practical content of the Dentistry course addressing humanization or related terms.**

<b>DENTISTRY</b>			
<b>Subject</b>	<b>Class Hours</b>	<b>T</b>	<b>P</b>
Fundamentals for the Dental Office	20	20	0
Oral and Public Health I	60	30	30
Dental Radiology	80	20	60
Multidisciplinary Clinic I	40	0	40
Multidisciplinary Clinic II	100	0	100
Multidisciplinary Clinic III	100	0	100
Multidisciplinary Clinic IV	160	0	160
Endodontics	120	40	80
Pediatric Dentistry	80	20	60
Geriatric Dentistry	20	20	0
Supervised Internship: Integrated Children's Clinic	80	0	80
Supervised Internship: Integrated Geriatric Clinic	80	0	80
Forensic Dentistry	20	20	0
Supervised Internship: Integrated Adult Clinic II	160	0	160
Supervised Internship: Public Health II	80	0	80
Professional Orientation	20	20	0
<b>Total</b>	<b>1220</b>	<b>190</b>	<b>1030</b>
<b>Credit Hours of Mandatory Subjects</b>	<b>4035</b>	<b>16%</b>	<b>84%</b>

**T- theoretical; P- practical**

workload of 2,340 hours, representing 64% of the total workload of the mandatory subjects. In these subjects with practical content, work takes place with multidisciplinary teams, putting into practice the role of extension in universities. Integrative Medicine in Child and Adolescent and Integrative Medicine in Adult and Elderly (I, II, III, IV) have a theoretical workload, consisting of 180 hours in which comprehensive care of the individual is developed, preparing the student for increasing practical complexities. It comprises humanization, illness, and prevention where encounters between social subjects (physician-patient) occur.

Engaging in the production of healthcare refers to the field of the complexity of its management methods and the relationships between workers, managers, and users of health services. In this understanding, the ethical-political perspective in training processes implies including this complexity in the interaction between subjects. Without this interrelationship, sustainability in care and management models within the SUS does not occur.

Considering this "inclusion" framework, the construction of health training processes implies being aware of this complexity and

making theoretical-methodological choices that express a field of dialogue between knowledge, inseparable from a method of training. These choices are always ethical-political (12).

Concerning all courses analyzed in this study, although the NCG are guidelines to be adopted by all HEI, complying with them is not yet the reality of most courses. Training is still partially based mainly on the private exercise of the profession (13).

Currently, it is difficult to think of professional practices that are not immediately committed to the following: the world, the country we live in, the living conditions of the Brazilian population, the engagement in the production of health that implies the production of autonomous subjects, protagonists, co-participants, and co-responsible for their lives. The curriculum must be inserted in a social context, influencing and being influenced by it, mainly by the professionals' attitudes who are trained according to it (3).

Our study supports the one by Almeida and Chaves (3) concerning humanization in the Nursing course's subjects in the city of São Paulo. Among thirteen higher education institutions, eleven had the highest percentage of subjects containing the humanization or related theme (from 54% to 74%), while two had 32% and 43% of subjects covering the theme (3).

The humanization proposal comes to combat impersonality in healthcare and to turn the professional/patient relationship into affection and mutual respect without abandoning the necessary technique. Humanization responds to all this with principles, guidelines, and devices, all driven by a method (4). Thus, Humanization is a methodological bet, a way to deal with and intervene in the daily problems of the SUS. This method is the triple inclusion: of people, collectives, and social movements and the disturbance, the tension that these inclusions produce in the relationships between subjects in the management and care processes, taken as inseparable.

## CONCLUSION

The identification and analysis of the term humanization in academic health education in Medicine, Nursing, and Dentistry courses

of a Public Institution of Higher Education demonstrated the presence of the term in the menus and/or objectives in 39%, 34%, and 30% of mandatory subjects of their courses, respectively, being predominant in theoretical subjects. This enables us to perceive the effort to contemplate the NCG having humanization as a priority element concerning constructing new relationships between students, professors, service users, and the local SUS network.

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## REFERENCES

1. Deslandes SF. Humanização: revisitando o conceito a partir das contribuições da sociologia médica. In: Deslandes SF, organizador. Humanização dos cuidados em saúde: conceitos, dilemas e práticas. Rio de Janeiro: Fiocruz; 2006. 33-47.
2. Rios IC. Caminhos da humanização na saúde: prática e reflexão. São Paulo: Áurea Editora; 2009.
3. Almeida DV, Chaves EC. O ensino da humanização nos currículos de graduação em enfermagem. Einstein; 2009. 7(3):271-8.
4. Brasil. Ministério da Educação e Cultura. Conselho Nacional de Educação/Câmara de Educação Superior. Resolução 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Brasília: CNE/CNS; 2001.
5. Veiga PA. Projeto Político-Pedagógico da Escola: Uma Construção Possível. 1ª edição. Campinas: Papyrus Editora; 1995.
6. Brasil. Ministério da Saúde. Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização. Humaniza SUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. Brasília: Ministério da Saúde; 2004.
7. Cellard A. A análise documental. Em: Poupart J, organizador.



A Pesquisa qualitativa: enfoques epistemológicos e metodológicos. Petrópolis: Editora Vozes; 2008. 11-30.

8. Pimentel A. O método da análise documental: seu uso numa pesquisa historiográfica. Cad. Pesq; 2001. 114(1): 179-195.

9. Moyses SJ. Políticas de saúde e formação de recursos humanos em Odontologia. Revista da ABENO; 2004. 4(1):30-7.

10. Sacristán JG. O Currículo, uma reflexão sobre a prática. Porto Alegre: Editora Artmed; 2000.

11. Apple MW. Ideologia e Currículo. Em: Apple MW, organizador: A política do conhecimento oficial: faz sentido a idéia

de um currículo nacional? São Paulo: Brasiliense; 1982. 59-71.

12. Heckert ALC, Neves CABN. Modos de formar e modos de intervir: quando a formação se faz potência de produção de coletivo. In: PINHEIRO R.; MATTOS RA; BARROS MEB (Org.). Trabalho em equipe sob o eixo da integralidade: valores, saberes e práticas. Rio de Janeiro: Cepesc; 2007. 145-160.

13. Brasil. Ministério da Saúde. Ministério da Educação. A aderência dos cursos de graduação em Enfermagem, Medicina e Odontologia às Diretrizes Curriculares Nacionais. Brasília: Ministério da Saúde; 2006.