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## WORKLOADS AND INTERRELATIONSHIPS WITH THE PROGRAM FOR THE HUMANIZATION OF PRENATAL AND CHILDBIRTH CARE\*

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**ABSTRACT: Objective:** to learn the interrelationship between the implementation of care practices proposed in the Program for the Humanization of Prenatal and Childbirth Care and the workloads in the work process of nurses in obstetrics centers and maternity hospitals. **Method:** a qualitative and descriptive study was carried out with 14 nurses at two obstetrics and maternity centers of two hospitals in southern Brazil. Data were gathered from October 2015 to January 2016 through semi-structured interviews, explored with content analysis. **Results:** two categories emerged: 'Attenuation of workloads', in which biological and psychic workloads stand out, and 'Amplification of workloads', with biological, mechanic and psychic workloads standing out. **Conclusion:** the way and context in which workloads are processed make them attenuated or amplified when implementing practices proposed in the Program for the Humanization of Prenatal and Childbirth Care.

**DESCRIPTORS:** Workload; Humanizing delivery; Health services administration; Perinatal care; Nursing.

### CARGAS DE TRABALHO E AS INTER-RELAÇÕES COM O PROGRAMA DE HUMANIZAÇÃO DO PRÉ-NATAL E NASCIMENTO

**RESUMO: Objetivo:** conhecer a inter-relação entre a implementação de práticas assistenciais, propostas no Programa de Humanização do Pré-Natal e Nascimento, e as cargas de trabalho presentes no processo de trabalho de enfermeiros em Centros Obstétricos e Maternidades. **Método:** qualitativo e descritivo, desenvolvido com 14 enfermeiros em dois Centros Obstétricos e Maternidades de dois hospitais do sul do Brasil. Dados coletados de outubro de 2015 a janeiro de 2016, através de entrevista semiestruturada, explorados com base na Análise de Conteúdo. **Resultados:** emergiram duas categorias: 'A atenuação das cargas de trabalho', na qual se destacam as cargas de trabalho biológicas e psíquicas, e 'A potencialização das cargas de trabalho', sendo elencadas as cargas de trabalho biológicas, mecânicas e psíquicas. **Conclusão:** a forma e o contexto como se processam as cargas de trabalho levam-nas a ser atenuadas ou potencializadas na implementação de práticas propostas no Programa de Humanização do Pré-Natal e Nascimento.

**DESCRIPTORES:** Carga de trabalho; Parto humanizado; Administração de serviços de saúde; Assistência perinatal; Enfermagem.

### CARGAS DE TRABAJO E INTERRELACIONES CON EL PROGRAMA DE HUMANIZACIÓN DEL PRENATAL Y NACIMIENTO

**RESUMEN:>** Objetivo: Conocer la interrelación entre implementación de prácticas asistenciales propuestas en el Programa de Humanización del Prenatal y Nacimiento, y cargas de trabajo existentes en el proceso de trabajo de enfermeros en Centros Obstétricos y Maternidades. **Método:** Cualitativo y descriptivo, desarrollado con 14 enfermeros en dos Centros Obstétricos y Maternidades de dos hospitales del sur de Brasil. Datos recolectados de octubre de 2015 a enero de 2016 mediante entrevista semiestructurada, estudiados según Análisis de Contenido. **Resultados:** Surgieron dos categorías: 'Atenuación de las cargas de trabajo', en la que se destacan las cargas de trabajo biológicas y psíquicas, y 'Potenciación de las cargas de trabajo', mencionando las cargas de trabajo biológicas, mecánicas y psíquicas. **Conclusión:** La forma y el contexto en los que se procesan las cargas de trabajo llevan a que se atenúen o potencien en la implementación de prácticas propuestas en el Programa de Humanización del Prenatal y Nacimiento.

**DESCRIPTORES:** Carga de Trabajo; Parto Humanizado; Administración de los Servicios de Salud; Atención Perinatal; Enfermería.

\*Article extracted from the dissertation entitled "Interrelationships Workloads Present in the Nurses Working Process and the Effectiveness of the National Program of Humanization in Prenatal and Childbirth", presented to the Graduate Program in Nursing, University Federal of Rio Grande, 2016.

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## ● INTRODUCTION

The Brazilian Program for the Humanization of Prenatal and Childbirth Care (PHPN, as per its acronym in Portuguese), was launched in 2000 by the Ministry of Health, with the aim of reorganizing care in the pregnancy-puerperal cycle, increase access and ensure quality, always considering the comprehensiveness of care and the observation of women's rights, which are part of it as institutional guidelines.<sup>(1)</sup>

The PHPN enabled the required dialogue for changes in behaviors and procedures adopted in services, and their outlook on women, their needs and rights, since the program prioritizes vaginal birth, non-medication and a decrease in the number of interventions, treasuring and giving voice to women.<sup>(2)</sup>

Understanding the PHPN as a guide to the work process (WP) in birth care, there is a number of possibilities for its realization, by considering the objects of its work, women, not as passive beings, but as main actors of this action. It is realized, among other factors, through the adoption of new forms of practice, such as nonpharmacologic methods for pain management, presence of companions and by placing women at the main role, and the abandonment of inadequate practices, such as the routine use of oxytocin and the lithotomy position.

Elements that act constantly and dynamically among themselves and workers, and that cause stress in the latter, can also be changed in the context of transformation of care. Such elements are the workloads (WL), as understood, in this study, in the work of Laurell and Noriega.<sup>(3)</sup>

According to the references, WL can be divided into: external materiality workloads, such as physical, chemical, biological and mechanic, which, when interacting with the body, produce deterioration; and internal materiality workloads, which are physiological and psychic, and happen in the body when causing changes in its internal processes.<sup>(3)</sup>

Deterioration resulting from WL have a specific way of affecting nursing workers,<sup>(4)</sup> therefore, different types of WL are present in the nursing WP and can emerge from different contexts, such as constant exposure to pain and suffering, unplanned events in care practice, constant adaptation to new technologies<sup>(5)</sup> and characteristics of WP, mainly division of work in parts and fragmentation of tasks under managerial control of nurses.<sup>(6)</sup>

The PHPN can modify aspects that affect WL in the new WP that is being realized by guiding care carried out in obstetrics centers and maternity hospitals, based on the abandonment of the traditional care model and practices that are inadequate, harmful or ineffective and by establishing new practices, conducts, attitudes and forms of work.

It should be understood that the realization of the PHPN is a process that depends on aspects that are human, institutional, and governmental, among others. Therefore, its realization is continuous, with moments of advancement and setbacks. In this varying context, different WL can acquire higher potential, while others can be attenuated.

In the literature, there are studies that address WL<sup>(4-6)</sup> and the implementation of the PHPN<sup>(2)</sup>, however, there is no national and international research that coordinates the two aspects and explains how the implementation of practices proposed in the PHPN is interrelated to WL present in the work of nurses. The importance of this study is based on what was exposed up to this point, and its objective was to learn the interrelation between the implementation of care practices proposed in the PHPN and the WL present in the WP of nurses in obstetric centers and maternity hospitals.

## ● METHODOLOGY

A qualitative and descriptive study was conducted in the obstetric centers and maternities of two hospitals in Southern Brazil, a philanthropic hospital and a teaching facility. Fourteen nurses participated, with one loss and one refusal among the total group of workers in those environments, one from each institution.

Inclusion criteria were applied to those who practiced exclusively in these environments for more than six months and were not away on vacation or any type of leave. Those that had worked for less than six months in those environments, did not practice exclusively in them (those who worked non-continuously and while covering for days-off or vacations) and who were on leave for any reasons during data collection were excluded.

Data were collected from October 2015 to January 2016. Participants were personally contacted during their shifts and in their work environments, with explanations regarding the study objectives and other pertinent aspects.

After their agreement, interviews were scheduled. They took place in the nurses' work environments, at private locations, with study objectives being reintroduced. They were asked to sign free and informed consent forms. Interviews were guided by a semi-structured script, with open-ended questions regarding the study's focus of interest. They were recorded after prior authorization and later transcribed. Anonymity was maintained, with codenames starting with the letter "E" followed by the sequential number of their interviews.

The content analysis method was employed<sup>(7)</sup>, with the following stages: pre-analysis; exploration of materials; treatment of results and interpretation. Data were categorized semantically<sup>(7)</sup> and explored based on the Laurell and Noriega<sup>(3)</sup> framework and the PHPN<sup>(1)</sup>.

The study was approved under protocol numbers 46/2015 and 029/2015 by the Human Research Ethics Committee of the Federal University of Rio Grande and the Charity Association of Santa Casa in Rio Grande, respectively.

## ● RESULTS

Of the 14 participants, eight nurses practiced in the teaching hospital and six in the philanthropic hospital, in morning, afternoon and night shifts. All of them were women, aged between 24 and 53. All of them received their training after the PHPN was launched.

No participant was specialized in the field of women's health, however, two were undertaking a specialization course. Nine participants practiced in the obstetric centers and maternities for less than one year; one of them for two years; two of them for three years and two for more than five years.

The recorded content was homogenous, with no institutional particularities for philanthropy or public service. Therefore, contributions were presented in conjunction.

Speeches reveal different aspects related to the interaction and influences of WL, presented in the following categories. For better explanation of interrelations between WL and the implementation of the PHPN, they are exposed primarily in the perspective of attenuating WL of external and internal materialities and, in the sequence, the WL of external and internal materiality that were potentialized will be presented.

### Attenuation of workloads

The implementation of the PHPN contributed to the attenuation process of a number of WL. Specifically regarding external materiality WL, the attenuation of biological WL stood out as a consequence of the reduction of invasive procedures with potential exposure to biological material:

*The biological one improved, because we had to make medications all the time and we were exposed more frequently. (E10)*

*We used to puncture patients whenever they came in, and that exposed us to blood [...]. (E12)*

Regarding internal materiality WL, nurses emphasized the attenuation of psychic WL, which were linked to worker satisfaction regarding care offered in accordance with the PHPN:

*[...] it decreased, because I know what I am doing is correct. [...] when you know what must and must not be done, it is easier; you mentally organize and become able to make things that should not happen, happen as little as possible. (E2)*

*I feel satisfied because I do a good job and that reduces psychic distress [...] that is a consequence of humanization. [...] when I started working at the obstetric center, nurses executed procedures, filled documents, managed and assisted emergencies. Today, I offer care. I think care is much better. (E5)*

*[...] Before, things were forced and it was also hard for us. Patients did not even want to look at their children because deliveries were so hard, painful, and they were alone, with no companions [...] it led to a chain of consequences. Now, you see that much less frequently. The stress caused by that does not exist any longer. (E10)*

The positive evaluation from women and companions regarding care offered to them shows itself as an attenuator of internal materiality psychic WL:

*[...] if patients receive humanized care, are satisfied at the end, their family member is satisfied as well, the psychic load does not exist. (E1)*

*[...] to make the experience less traumatic as possible is very important. This motivates me to work with obstetrics. Hearing from a patient that she did not expect her delivery to be like that, that it hurt, but it was good, is extremely rewarding. (E2)*

Interpersonal relations among workers, women, and companions who received attention conforming to the PHPN, harmonically and respectfully, lead to the attenuation of internal materiality psychic WL:

*[...] Interaction with family members is positive, it made work more pleasurable and made things flow naturally. [...] even interaction with patients is healthier, pleasurable, things are calmer with women and their companions. (E10)*

*[...] Women are more respected now and, because of that, there is less tension with families [...] psychic distress decreases. (E9)*

The preparation of women to handle birth, still during the prenatal period, which is advised by the PHPN, gives them more autonomy in this experience, which contributes to attenuating psychic WL:

*[...] it decreases the psychic load because you have a number of periods to prepare women during prenatal, with more care and information. When they get to birth, they are instructed about what is going to happen, knowing how to empower themselves. (E2)*

*[...] women arrive knowing well what is going to happen, how birth is going to be conducted, what can and cannot be done, and it helps, it decreases psychic distress (E6)*

### **The amplification of workloads**

The implementation of the PHPN was an amplifier of different WL of external and internal materiality. For some nurses, physical proximity to users during humanized care accentuates external materiality biological WL:

*[...] We get closer to women, touch them, hold their hands when we try to motivate them. If their water breaks when we are helping them to stay on the ball, we get soaked. [...] so, you expose yourself more in those biological aspects. (E3)*

*[...] the biological ones increase, because you do not know what that patient has, if they are going in isolation, and you were with them, there is contact. (E7)*

External materiality mechanical WL were also amplified, being associated with structural issues:

*[...] the mechanical load increases, because you have to use force to help the women. [...] I know I am badly positioned because of a structural issue. (E5)*

*[...] Our structure does not help and that is distressing, because in order to put the women on the ball, I have to help with their balance, because we do not have bars on the walls. We are in a bad position and have to be strong to help them. (E8)*

The resistance from some workers to change their concepts and professional behaviors, aiming to practice in accordance with the PHPN is an amplifier of internal materiality psychic WL:

*[...] I feel distressed because some can adapt and others cannot. They seem like cavemen who think what they learned years ago is right. Things have changed. (E11)*

*[...] to become someone who humanizes [...] to understand how much I needed to change was very distressing, and learning how much I changed makes me very happy. I resisted, I had doubts, and when I realized, I had changed; noticing this resistance in others is distressing. (E5)*

Issues in the prenatal period and its separation from birth stand out as amplifiers of internal materiality psychic WL:

*Lack of quality during prenatal is very distressing, because women get to birth unprepared to experience that moment, and we hurry to try and solve that, while the delivery is happening [...]. (E4)*

*[...] There are prenatal notebooks all filled with words, but empty of relevant information. It is no use to have 12 appointments in a poor prenatal. This is distressing. (E5)*

*Humanization depends on everything since the first prenatal appointment. They get to birth with no idea of what is going to happen. So you have to explain everything and you have other stuff to do, you cannot stay there exclusively [...]. (E13)*

The insufficient number of nursing workers, which is an amplifier of external materiality mechanical WL is also a trigger for internal materiality psychic WL, especially when the nurses' tasks exceed their capacity. This distress is also related to an increase in attributions in nurses WP when implementing actions advised by the PHPN and to the necessity to remain beside the patients and offer guidance in place of other activities:

*I cannot simply prescribe care. I have to check on that patient, talk, assess, examine; prescribe what should be done according to the program. So I have to spend more time with each patient. My tasks increase as well as my distress (E1)*

*[...] spend more time with each patient [...] delays other things; you do not order more materials or apply bandages, [...] Putting women on the ball increases workload, conducting quick tests, check if the companion is ok [...]. (E13)*

*[...] as nursing takes on other recommended practices that contribute to birth, I need more time and personnel. If I have that personnel, it is easier; but if I do not, it is an overload and it will not work. (E14)*

## ● DISCUSSION

The attenuation or amplification of internal and external materiality WL was varied because of the implementation of care practices proposed by the PHPN. However, even with participation of nurses from a public hospital and a philanthropic hospital, there were no differences in content. This fact seems to reveal that, even in institutions with different administrations and financing, WP elements related to the PHPN, which amplify or attenuate WL, are similar.

In speeches, there was emphasis on the attenuation of external materiality biological WL and internal materiality psychic WL. External materiality biological WL refer to the possibility of exposure and interaction with various microorganisms and vectors that can negatively change or interfere with bodily processes.<sup>(3)</sup> Their attenuation is associated with the avoidance of unnecessary intervention practices<sup>(8)</sup> that do not benefit women nor newborns and can offer higher risks. In this sense, reaching humanization goes through the reduction of interventions and avoidable or unnecessary invasive procedures.<sup>(9)</sup>



The attenuation of internal materiality psychic WL was also emphasized. These WL acquire materiality through human psychic and bodily processes, in other words, they do not exist outside the relationship between workers and the elements that compose their WP, including aspects of ambience.<sup>(3)</sup> Its attenuation happens through harmonic and horizontal interpersonal relationships among agents involved, which are essential to the humanization process.<sup>(10)</sup>

In supporting roles of birth, workers have the opportunity to put their knowledge in service of the well-being of women, babies and families and, through interactions, minimize pain, offer comfort, give information, guidance and offer help during delivery and birth,<sup>(1)</sup> which attenuates psychic WL.

The PHPN advises respect, considering the offer of a dignified service as a duty of health services. This requires an ethical and empathetic attitude from workers and an organization of institutions as welcoming environments, with routines that break away from the traditional isolation that is imposed to women,<sup>(8)</sup> and that, naturally, attenuates psychic WL.

It was found that psychic WL were also attenuated by the positive assessment of offered care by the women, which happened due to the motivation to their protagonism, respect for the physiology of birth and the privacy of all involved.<sup>(11)</sup> Support measures related to intermediation and interpretation of users' desires, welcoming and mediating them, are necessary<sup>(12)</sup> for satisfaction, with clinical issues and the use of technologies being less important than how women are treated, supported and birth is conducted<sup>(13)</sup>.

The absence of unrecommended, harmful or ineffective practices is an attenuator of psychic WL. This is a consequence of the understanding of scientific aspects that guide humanized practices, the realization of comprehensive care, a higher presence of nurses in care and positive results caused by this type of care

The coordination of prenatal and childbirth as an attenuator of psychic WL is associated with the quality of educational actions carried out during the prenatal period, which prepare women for birth, empowering them and taking them away from subordinate attitudes.

In relation to the amplification of WL, there was an emphasis on external, biological and mechanical materiality, and the internal materiality psychic ones. Specifically on biological WL, amplification was related to contact and to being close to women. However, this practice is necessary, since physical contact is a relevant comfort factor that transcends barriers between subjects and establishes relationships of trust and emotional support, creating an environment that amplifies the vital power of women, making birth easier.<sup>(14)</sup>

The execution of care is a role of nurses, with them having the power to minimize possible distresses resulting from biological WLs, such as individual protection equipment, which can avoid exposure to pathogens.

There was amplification of biological WLs in the context of conducting procedures with the possibility of exposure to bodily fluids or higher physical proximity between nurses and women. This finding demonstrates the limited understanding of these loads, which are not present only in moments of contact between workers and pregnant women, but throughout the environments where care happens and where consumer goods and tools used in assistance are stored. It also reveals a fragmented view of WP and how it is guided by the PHPN, according to which contact with pregnant women should not be mechanic and purely technical, but including welcoming, listening, support, education and preparation for the experience of birth, which replace physical contact and exposure to bodily fluids.

Mechanical WL, which are those that can potentially cause lesions to workers bodies, such as contusions, fractures<sup>(3)</sup>, wounds and lesions in general<sup>(5)</sup> and are intimately linked to employed technologies and environmental conditions<sup>(3)</sup>, were also amplified. These are associated to the increase of care activities, emphasized by structural aspects and to the use of actions advised by the PHPN, like the use of nonpharmacologic methods for pain management.

Understanding that there is an increase in activities performed by the PHPN and fragmentation of the WP, where each part of the nursing team performs each part of care separately from the others, compartmentalizing it.<sup>(6)</sup> The amplification of mechanical WL in this context goes through the development of work in a routine, mechanical and repetitive way, compromising care, generating physical and psychic distress and resulting in loss or reduction of work capacity.<sup>(15)</sup>

The amplification of psychic WL is associated with the employment of practices not recommended by the PHPN. There are acts of obstetric violence through words, ironic expressions, invasive procedures, inadequate behaviors, coercion, and threats.<sup>(16)</sup>

Workers are commonly authoritative and present themselves as owners of truth and knowledge, creating barriers that harm the establishment of trust, credibility and respect to women's rights<sup>(17)</sup> and also to companions, seen as external agents that negatively interfere with the team's work<sup>(18)</sup>. This goes against the PHPN and generates conflicting relations that amplify psychic WL.

Acts of violence lead to feelings of dissatisfaction and impotence, generating conflict and anguish. However, that paradigm contributes to the reflection on the type of care they would like to offer to pregnant women and, consequently, to seek new forms of practice.<sup>(16)</sup> This personal reflection process, changes in attitudes and postures, can also be considered psychic WL.

The lack of coordination between prenatal and birth, equally mentioned in the literature<sup>(19)</sup>, intensifies psychic WL due to lack of relevant records in the prenatal notebook and lack of preparation of women for situations to be experienced, harming their autonomy and nonpharmacologic methods for pain management.

Psychic WL were amplified when associated with mechanical WL, as a consequence of care and management attributions in nurses WP, which harm their capacity to perform them, leading them to prioritize some activities in place of others, a fact that is emphasized by the insufficient quantity of nursing workers, and compromises quality of care and the implementation of the PHPN.

Bringing together the care and management aspects of work leads nurses to consider WL excessive<sup>(20)</sup>. There is a frequent consideration of the separation of these dimensions, compromising care and generating conflicts, be it between professionals and their practice or in their interpersonal relations<sup>(21)</sup>. The multiplicity of functions gets in the way of their care activities, taking them away from the goal of nursing work.<sup>(22)</sup>

## ● CONCLUSION

The implementation of the PHPN is related to the attenuation and the amplification of the same WL involved in the WP of nurses of obstetric centers and maternity hospitals. Of the attenuated WL, the biological ones stood out, related to the reduction of invasive procedures, and the psychic, as a consequence of the absence of harmful practices, harmonic interpersonal relations, positive assessment of care from the women and the perception that there was an adequate preparation of women during the prenatal cycle.

Among the amplified WL, the biological ones stood out, related to the proximity between workers and users; the mechanic, for the greater use of force and increase in attributions; and psychic, as a consequence of the increase of nurse attributions, when they exceed their capacity to execute them; remaining at the side of patients in place of other activities; resistance from workers to change their professional practices; and the consequences of issues during the prenatal cycle on birth.

The reality presented here can present features that are unique to the researched scenarios, which motivates more wide-ranging investigations. However, it is believed that the researched universe hides significant aspects related to the attenuation and amplification of WL in the context of implementing the PHPN.

The importance of new studies in the area is emphasized, aiming to improve strategies for the implementation of public health policies, so this process does not become an amplifier of WL, leading workers to distress and illness.



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