

PATERSON E ZDERAD'S THEORY: HUMANISTIC APPLICABILITY IN NORMAL BIRTH*

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ABSTRACT: The humanization process in normal birth promotes the “art of humanized care” and the applicability of the humanistic theory constitutes a theoretical framework that supports the existential exchange and dialogical relation between nurse and parturient. The objective in this study was to describe and reflect on the contribution to the humanized theoretical-practical relationship in normal birth in the light of the humanistic theory. An exploratory and descriptive bibliographic review was undertaken of on-line articles taken from the databases: *Latino-Americana e do Caribe em Ciências da Saúde*, *Base de Dados de Enfermagem* and Scientific Electronic Library Online, published between 2002 and 2014. The results evidenced that the humanistic theory strengthens the professional's identity, autonomy, need to reflect on humanized care, rescue the experience of being-with-the-other, in a dialogical encounter. Thus, the process based on the relation between the experienced and dialogued encounter contributes to effective and safe care.

DESCRIPTORS: Nursing; Humanized birth; Nursing theory.

TEORIA DE PATERSON E ZDERAD: APLICABILIDADE HUMANÍSTICA NO PARTO NORMAL

RESUMO: O processo de humanização no parto normal promove a “arte do cuidar humanizado” e a aplicabilidade da teoria humanística constitui um referencial teórico que permite subsídios na relação de troca existencial e dialógica entre enfermeiro e parturiente. O objetivo do estudo foi descrever e refletir a contribuição à relação teórico-prática humanizada no parto normal à luz da teoria humanística. Trata-se de um estudo de revisão bibliográfica, exploratório, descritivo de artigos on-line extraídos nas bases de dados: *Latino-Americana e do Caribe em Ciências da Saúde*, *Base de Dados de Enfermagem* e Scientific Electronic Library Online, publicados no período de 2002 a 2014. Os resultados evidenciaram que a teoria humanística fortalece a identidade do profissional, autonomia, necessidade de refletir o cuidado humanizado, resgatar a vivência do estar-com-o-outro, no encontro dialógico. Assim, o processo pautado na relação do encontro vivido e dialogado contribui para uma assistência eficaz e segura.

DESCRIÇÕES: Enfermagem; Parto humanizado; Teoria de enfermagem.

TEORÍA DE PATERSON Y ZDERAD: APLICABILIDAD HUMANÍSTICA EN EL PARTO NORMAL

RESUMEN: El proceso de humanización en el parto normal promueve el “arte del cuidar humanizado”, y la aplicabilidad de la teoría humanística constituye un referencial teórico que permite subsídios acerca del cambio existencial y dialógico entre enfermero y parturienta. El objetivo del estudio fue describir y reflexionar sobre la contribución a la relación teórica y práctica humanizada en el parto normal a la luz de la teoría humanística. Se trata de un estudio de revisión bibliográfica, exploratorio, descriptivo de artículos on-line obtenidos en las bases de datos: *Latinoamericana y del Caribe en Ciencias de la Salud*, *Base de Datos de Enfermería* y Scientific Electronic Library Online, publicados en el periodo de 2002 a 2014. Los resultados evidenciaron que la teoría humanística fortalece la identidad del profesional, autonomía, necesidad de reflexionar acerca del cuidado humanizado, recuperar la vivencia del estar-con-el-otro, en el encuentro dialógico. Así, el proceso pautado en la relación del encuentro vivido y dialogado contribuye para una asistencia eficaz y segura.

DESCRIPTORES: Enfermería; Parto humanizado; Teoría de enfermería.

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INTRODUCTION

The nurses have developed and applied theories in their professional practice with a view to improving parturient care, through the arrival of changes and new technologies. The use of the existing hegemonic medical model has been questioned and discussed, as it has not been able to considerably reduce the maternal and perinatal morbidity and mortality rates, contributing to evidence the vulnerability to life and care quality, factors that put the parturient's health at risk.

Care delivery with less intervention translates what humanization means at the birth center, besides offering more motivation and respect for the women's dignity, sexual and reproductive rights. Humanization can be described as the increase of health promotion, modifications in care and in the work processes, based on the exchange and construction of knowledge, teamwork and consideration of different sectors' interests in the health field⁽¹⁾.

Thus, over time, violence, such as verbal, psychological, physical and sexual neglect in the obstetric sphere have constituted a background for a society of cruelty and suffering at the moment of delivery and birth⁽²⁾. According to a study in 2010 by the Foundation Perseu Abramo: "Brazilian women and Gender in public and private spaces", one out of every four Brazilian women is a victim of violence while giving birth⁽³⁾.

On the other hand, in favor of humanization, in 1996, the World Health Organization announced the document normal birth care: a practical guide, in which it establishes good care practices for normal birth⁽⁴⁾. In normal birth, interference in the natural process needs to follow a just cause with as little intervention as possible⁽⁵⁾.

Thus, nurse-midwives with a *lato sensu* graduate degree are legally entitled to accompany the period from low-risk pregnancy until the postpartum. This conquest was achieved because the nursing professionals not only deliver high-quality care to the women, but also go for humanized care⁽⁶⁾.

The use and applicability of the Humanistic Theory in patient care constitute a theoretical framework for systemized practice, aiming for effective and secure care, contributing to evidence-based foundations that permit strengthening and rescuing the profession's true identity in the "art of caring"⁽⁵⁾.

The Humanistic Theory method is called

Phenomenological Nursing, based on existentialism and phenomenology. It consists of five phases⁽⁷⁾, structured according to the scientific method. These allow the nurses to apply them in care and research. In daily practice, the professional can choose to use them as a study method through the Nursing process, in order to guide nursing care actions⁽⁸⁻⁹⁾.

When the Theory of Humanistic Nursing, created by Josephine Paterson and Loretta Zderad, is applied to normal birth, it proposes the development of a true and genuine dialogue to understand the woman's needs. The Humanistic Theory proposes changing the perspective to who needs care and the development of nursing as an existential experience⁽¹⁰⁾.

The importance of the parturient's physical and emotional wellbeing should be highlighted, which favor the reduction of risks and complications for the good evolution of the normal delivery. Therefore, respect for privacy, security and comfort, together with the family members' right in the course of the birth process, modify the birth and turn it into an exclusive and specific moment⁽¹¹⁾.

In view of that panorama, the interest in investigating the contribution of humanization to normal birth in the light of the humanistic theory has gained importance and supporters in the current context due to the intensification and worsening of the phenomenon. Hence, the National Hospital Care Humanization Program (PNHAH), which the Ministry of Health Established through Decree⁽¹²⁾ No. 881, on June 19th 2001, was aimed at implementing actions for the humanization of health care and promotion of improvement in the quality of the services the patients receive. Nevertheless, despite the existing high technology, difficulties can be observed to reduce the maternal morbidity and mortality rates^(1,13) due to avoidable causes and reports of mistreatment in the birth process. Therefore, the nurses need to know and develop humanized practices⁽²⁾.

In view of the relevance of this theme, further research on this practice is needed to show the severity of the problem, contribute with support and improvement to the quality of nursing care, abolish conducts that make the parturient's life and safety vulnerable.

Nursing practice and theory would not be complete without a method. The Humanistic Theory⁽⁷⁾ contributes to studies that reflect the

importance and valuation of nursing care to women in the academic, care and professional contexts, which offer contributions to motivate a change in the act of assisting women in search of secure care⁽²⁾, to annul conducts that originate at the heart of the lack of compliance with the guide of correct humanized practices and techniques in accordance with competent entities⁽⁴⁾ recommendations. Furthermore, these studies can evidence the loss of professional identity due to the inconsequent use of techniques from the biomedical and assistentialist model⁽¹¹⁾ that impede humanized and secure welcoming. Thus, the objective in this study is to describe the contribution of Paterson and Zderad's humanistic theory in the humanized practice of normal birth.

METHOD

A descriptive and exploratory bibliographic review was undertaken online, using scientific articles indexed in the scientific collection of the following databases: *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Base de Dados de Enfermagem* (BDENF) and Scientific Electronic Library Online (SciELO). To survey the articles, the descriptors used were: Nursing; Humanized birth; Nursing theory. The inclusion criteria were: full articles, available electronically, which discussed the theme, at least one nurse researchers, studies developed and published in the last 12 years and containing at least one descriptor from the Health Sciences Descriptors (DeCS). The survey period ranged from 2002 till 2014. Articles that did not comply with the inclusion criteria were excluded. The data were collected between February 2014 and October 2015. The combination of the descriptors in the databases led to the selection of 37 articles after exhaustive reading. To organize and analyze the findings, the content analysis technique⁽¹⁴⁾ was employed. The articles were fully read and analyzed based on the methodological criterion, covering the following phases: pre-analysis, exploration of the material, treatment and interpretation of the results⁽¹⁴⁾.

RESULTS

Among the selected articles, Brazilian studies prevailed. To answer the research questions and describe how Paterson and Zderad's humanistic theory contributed in humanized normal birth, 146 scientific articles were surveyed, 30 (20.5%) of which were located in the database *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), 47 (32.2%) in the *Base de Dados*

de Enfermagem (BDENF) and 69 (47.3%) articles in the Scientific Electronic Library Online (SciELO).

In this group, 109 articles did not comply with the inclusion criteria, which does not mean that these studies did not correspond to the theme, but that they did not discuss a complete approach of the phases. The studies were fully read, searching for the interface between the humanistic theory and normal birth. Through the convergence of the findings, 11 subcategories could be identified, which are part of the five main phases of the theorists' analysts⁽⁶⁾, presented in Figure 1.

DISCUSSION

1st Phase – Preparation of cognizant nurse to reach the knowledge.

As regards the foci of phase 1, the articles emphasized the: strengthening of professional identity; practice of professional competences and projected appropriation of knowledge, preparation and professional autonomy, further emphasizing the main factors that interfere in the cognizant preparation of the nurse to reach the knowledge, with a view to the emergence of this kind of dialogical communication bond.

Based on this dialogical communication, the bond emerges, in which the willingness of the nurse is observed who engages in learning to take risks, being open to experiences, having a proper worldview and offering information that will favor the parturient's understanding of her rights, promoting respect. To reach that, the nurse needs to be exposed to a wide range of experiences, can be prepared in human science studies and readings, where different viewpoints are expressed on the nature of the being^(8,15-18).

Thus, the first phase was evidenced, called: "Preparing to get to know the parturient women". The nurse-midwives prepare their mind for the encounter with each of these women, opening up to the experience of meeting the "other" as a unique and undividable being. The active nurses strengthen their professional identity when they use the knowledge they have gained and produce a bond of dialogical communication, tranquility and security for the others (parturient women) in view of their normal development⁽⁷⁾.

In this phase, the nurses work on their "I" and confront their moral and ethical values to perceive their ability to make their attitudes more humane, to be receptive to the unknown and to willing to be surprised⁽¹⁸⁻²⁰⁾.

Figure 1 – Distribution of the subcategories found in the articles, according to the methodological aspects and the nursing processes. São Paulo, SP, Brazil, 2015

HUMANISTIC THEORY	NURSING PROCESS	SUBCATEGORIES
1st phase – Preparation of cognizant nurse to reach the knowledge;		Strengthening of professional identity (Caus ⁸); Projected appropriation of knowledge, preparation and professional autonomy (Oliveira ¹⁹ ; Aguiar ²⁰); Strengthening of practice of professional competences (Pereira ²² ; Figueiredo ²³).
2nd phase – The nurse intuitively knows the other;	1st phase – Nursing data collection – subjective data (interview)	Strengthening of the rescue of the experience of being-with-the-other, at the heart of the I-you in the meeting (Caus ⁸ ; Oliveira ¹⁹ ; Lélis ²⁴ ; Silva ²⁶ ; Campos ²⁷ ; Farias ²⁹).
3rd phase – The nurse scientifically knows the other;	1st phase – Data collection – objective data (physical examination)	Strengthening the rescue of looking at the others, their essence, considering them, analyzing them as human beings and even categorizing them (Caus ⁸); Taking distance and critically reflecting on the experience with the patient and being inserted in it at the same time (Oliveira ¹⁹); Strengthening of the need to reflect on the subject-object relation in the care experienced (Caus ⁸ ; Aguiar ²⁰ ; Medeiros ³⁰).
4th phase – The nurse synthesizes the realities known complementarily – compares multiple realities, examines the data and the patient's experience in the light of the scientific knowledge and synthesizes a vision;	2nd phase – Nursing Diagnosis 3rd phase – Nursing Planning 4th phase - Implementation	Strengthening at its bases and applicability of the knowledge possessed to produce a dialogical relationship (Ramos ³¹ ; Silva ³⁴); Capacity to understand the reality of the study phenomenon, the other person's pain, compare and synthesize up to the dialogical nexus, addressing realities and differences (Caus ⁸).
5th phase – From the succession of multiplicities to the paradoxical unit with the nurse's internal process – understanding of the whole.	5th phase – Nursing Assessment	Reflection of the moment experienced (wellbeing) and tried out (becoming). Strengthening the concern of being with someone in need (Oliveira ¹⁹ ; Damasceno ³⁸ ; Morais ³⁹).

In that perspective, after Decree⁽²¹⁾ 163/98, which included the nurse-midwives into direct care (professional autonomy) to normal births, a drop was identified in the use of episiotomy and unnecessary interventions. In addition, it could be identified that the nurses are more integrated into the care routine at the maternity hospital and share this moment more collaboratively with the medical team⁽²²⁻²³⁾.

Humanistic care delivery stands out not only in existential and comprehensive care, but also in practice based on technical and scientific knowledge to be able to develop high-quality care, so as to be able to attend to the clients as individuals⁽²⁴⁻²⁵⁾.

2nd Phase – The nurse intuitively knows the other.

In this phase, the studies show the great need to know the other, the mixture between the being and the rhythmic spirit of the other, when the moment of the dialogical encounter, of the

“I-YOU” relationship is produced. In that context, the following subcategory is identified for use as a guide in phase two: Strengthening of the rescue of the experience of being-with-the-other, at the heart of the “I-YOU” in the dialogical encounter.

Therefore, in the phase, the first phase of the Nursing Process can be related, which includes the Interview (Nursing History). It is fundamental that, during the data collection, the nurse has intuitive knowledge at the rhythm of the parturient's experience, which resulted in special knowledge that is difficult to express. The intuitive knowledge assumes the “I-YOU” relationship, and also assumes a phenomenological approach of being open to the meaning of the other person's experience, where the nurse should be capable of intuitively capturing, knowing the patient's view^(7-8,18,26-28).

Thus, Paterson and Zderad's humanistic theory, which defends the exchange relationship between nurse and patient, favors the comparison

and discussion of two different views on a process and helps to decide on the best thing to do, a relationship of exchange in which nursing, through dialogue, establishes existential learning with the parturient.

Through the objective of achieving wellbeing and being better, the parturient finds support in the nurse and sees the professional as someone who is willing to help. This relation is understood through three characteristics: the relation "I-YOU" (subject-subject), the relation "I-THAT" (subject-object) and the relation "WE"^(24, 29).

3rd Phase – The nurse scientifically knows the other.

This phase implies a separation from what is known, taking distance to establish a subject-object relationship, and is related to the first phase of the nursing process⁽¹⁹⁾. Paterson and Zderad affirm: "The challenge of communicating a nursing reality that is experienced demands authenticity of the being and strict effort in the selection of words, phases and precise grammar^(7:246)". Therefore, to direct the study in this phase, we will use the following subcategories: Strengthening the rescue of looking at the others, their essence, considering them, analyzing them as human beings and even categorizing them; Taking distance and critically reflecting on the experience with the patient and being inserted in it at the same time; Strengthening of the need to reflect on the subject-object relation in the care experienced.

Thus, the third phase was evidenced, called: "Scientifically knowing the other: the I-YOU relationship", when the researcher faced the phenomena intuitively recognized and meditated on them, in order to analyze them, compare them, interpret them, name them and categorize them⁽⁸⁾.

On the other hand, there are other studies^(8,20,30) that reveal the third phase. In those studies, the phase is characterized by the "I-THAT" relationship, which goes beyond its own limits and permits recollections, reflections and experiences of the "I-YOU" relation with "THAT". Thus, this phase implies presenting the information according to the proposals of the phenomenological theoreticians, to assess the parturient using a complete and effective physical examination, close off the first phase of the nursing process more humanistically and integrate the woman into the other phases. It consists in separating what was experienced and known intuitively, interpreted, and receives a

classification according to the relation between the stakeholders.

4th phase – The nurse synthesizes the realities known complementarily – compares multiple realities, examines the data and the patient's experience in the light of the scientific knowledge and synthesizes a vision.

The fourth phase contains the search for the nursing diagnosis, planning and implementation of care. This phase involves the relationship, comparison and contrast among what happens in the situations to further nursing's understanding of the person, compare and synthesize the multiple realities in order to achieve an enhanced view. It permits a dialogue between the realities and admits the differences. Hence, to guide our study in this phase, we will depart from the following subcategories: strengthening at its bases and applicability of the knowledge possessed to produce a dialogical relationship; capacity to understand the reality of the study phenomenon, the other person's pain, compare and synthesize up to the dialogical nexus, addressing realities and differences.

In that sense, it is verified in the study that the I-YOU relationship occurs in accordance with the theoreticians, a subject-subject relationship, in which the human being gets involved with the other and is aware of his/her singularity⁽⁷⁾. In this phase, the nurses condense and reach similar experiences, towards a viewpoint⁽¹⁹⁾ and diagnoses. After the professionals link up the realities, they select and classify their priorities⁽¹⁹⁾. This phase will define the quality and implementation of the care planning.

It is further highlighted in the study that the nurses need to be apt to present the benefits of normal birth to the pregnant women and disclose the risks of an elective surgery without any precision. Paterson and Zderad's Humanistic Theory defends the transformation of everything that is humanely possible in the particularity of each situation. The dialogue is experienced according to the nursing actions, where the meaning of the other person's experiences needs to be understood, moving beyond technical and scientific competences, conciliating reason and sensitivity to be able to jointly plan appropriate care and defend the client's right to choose within what is possible⁽³¹⁻³⁴⁾.

Current obstetric practice has valued the execution of professional practice based on reference frameworks that prioritize the

expansion of technical skills, to the detriment of care that covers the parturient women's emotional needs⁽³⁵⁾.

The contraindication of frequent common procedures should be observed, such as fasting, epilation and routine enema. On the other hand, physical support through the use of non-pharmacological methods should be promoted, for example: shower, stimulate walking, position change, massage, Swiss ball, active seat, breathing exercises, among others⁽³⁶⁻³⁷⁾.

Nevertheless, the study⁽⁸⁾ reveals that the dialogue is not always established through the parturient's words. Often, gestures, silence, facial expressions, sweating, among other signs, will tell more about what the client is feeling than words. Therefore, the nurses should develop their perception of these signs to be able to act effectively and minimize the parturient's suffering, always stimulating her trust to move on.

5th phase – From the succession of multiplicities to the paradoxical unit with the nurse's internal process – understanding of the whole.

In the fifth phase, the nursing process is assessed. Through the dialogue with the parturient woman, the professional encounters and is present with the client – the relation is reciprocal between both stakeholders. The descriptive process of a phenomenon experienced is developed, the articulated view of the experience that is expressed in a coherent whole. In this phase of the study, the following subcategories will be addressed: reflection of the moment experienced (wellbeing) and tried out (becoming); strengthening the concern of being with someone in need.

In that perspective, the studies show what happens to close off an important perception for the majority through multiple views and the nurse reaches an opinion. In each of these phases, the nurse can compare and contrast the phenomenon. The target of wellbeing or becoming is achieved through dialogue. In the nursing theory, this relationship is called "I-YOU" (therapeutic relationship)^(19,38-39).

The studies show that Paterson and Zerad's theory gains familiarity with King's theory. The possibility to create an interaction between the nurse and the patient is highlighted, with a view to achieving pre-established models, called metaparadigms, and divided in four gaps: human beings, nursing, health and environment⁽⁴⁰⁻⁴¹⁾. In sum, after the reading, information synthesis

and reflection about the findings, it is verified that each phase in the results granted us a broader look on the humanization process for the parturient and the rescue of the woman's dignity as the protagonist of birth. The nurses provide dialogical support that promotes the existential exchange, in view of their theoretical and technical knowledge.

FINAL CONSIDERATIONS

In the bonding process with the parturient woman, it is essential for the nurses to be professionally prepared to practice attitudes, skills and competences, allied with feelings, beliefs and ethical and moral values. Thus, the nursing professionals are effectively discussing the humanistic theory. The theory serves as a model that permits looking at the parturient empathetically, understanding her pain, being open to the dialogue and true encounter, in which the nurses attempt to further their humanized knowledge level, excellence and quality of parturient care.

The humanistic theory strengthens the nursing profession's identity, grants autonomy to the professional who delivers care (encounter experienced and dialogued), permits reflections on the evidence-based choice of the best care and the rescue of the experience of being with the other (dialogical encounter). As evidenced, in the studies, the phases are applied to the care practice, with adaptations and complete recognition, and showed to be very similar styles in the development of the phases, preserving an experience-based link with the axis of the theoretical study.

Therefore, the study does not exhaust the theme. It is essential for the nurses to serve as educators, managers of the dialogue experienced, that they welcome and interact with the parturient women, integrate the family, prepare the nursing team and are alert to new compliance strategies with humanized practices that rescue dignified, secure and efficient care, respecting the values, feelings, beliefs and culture, strengthened in the link of existential and dialogical exchange between nurse and parturient woman.

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