

Artigo original

Aspects of the ambience that influence the work process in the mother and child unit*

Aspectos da ambiência que influenciam o processo de trabalho na unidade materno-infantil

Aspectos del ambiente que influyen en el proceso de trabajo en la unidad maternoinfantil

Kelly Pires do Amaral^I , Juliane Portella Ribeiro^I , Melissa Hartmann^{II} ,
Adrize Rutz Porto^I , Clarice Alves Bonow^I 

^I Universidade Federal de Pelotas, Pelotas, Rio Grande do Sul, Brasil

^{II} Hospital de Clínicas de Porto Alegre, Porto Alegre, Rio Grande do Sul, Brasil

* Extracted from the dissertation "Aspects of the environment that influence the organization of work in a maternal and child unit: perception of nursing professionals", Graduate Nursing Program, Federal University of Pelotas, 2021.

Abstract

Objective: to know aspects of the ambience that influences the work process in the mother and child unit. **Method:** qualitative exploratory and descriptive study performed in a mother-child unit. Twenty-one nursing professionals participated. Data collection took place through a semi-structured recorded interview subsequently submitted to thematic analysis. **Results:** as aspects that contribute to the development of the work process, the good relationship within the nursing team, availability of personal and material resources, and the hospital's identity were listed. As hindering aspects, the participants mentioned the lack of specificity and space of the unit; the location of the unit; the difficulty in communication; and the asymmetry between the care provided by the nursing and medical staff. **Conclusion:** the ambience of the mother-child unit must take into consideration the comfort of hospitalized women; enable the production of subjectivity of nursing professionals through work in a multiprofessional team; and favor the use of the space itself as a tool to facilitate the production of health. **Descriptors:** Ambience of Health Institutions; Maternity wards; Workflow; Mother and Child Nursing; Nursing

Resumo

Objetivo: conhecer aspectos da ambiência que influenciam no processo de trabalho na unidade materno-infantil. **Método:** pesquisa qualitativa de caráter exploratório e descritivo; realizada em uma unidade materno-infantil. Participaram 21 profissionais de enfermagem. A coleta de dados ocorreu por entrevista semiestruturada gravada; posteriormente submetidos à análise temática. **Resultados:** como aspectos que contribuem no desenvolvimento do processo de trabalho elencaram-se a boa relação entre a equipe de enfermagem; disponibilidade de recurso pessoal e material; a identidade do hospital. Como dificultadores

foi apontada a falta de especificidade e espaço da unidade; sua localização; dificuldade na comunicação e a assimetria entre os cuidados prestados pela equipe de enfermagem e médica. **Conclusão:** a ambiência da unidade materno-infantil deve contemplar a confortabilidade das mulheres internadas; possibilitar a produção de subjetividade dos profissionais de enfermagem, por meio do trabalho em equipe multiprofissional; bem como favorecer a utilização do próprio espaço como ferramenta facilitadora da produção de saúde.

Descritores: Ambiente de Instituições de Saúde; Maternidades; Fluxo de Trabalho; Enfermagem Materno-infantil; Enfermagem

Resumen

Objetivo: conocer aspectos del ambiente que influyen en el proceso de trabajo en la unidad maternoinfantil. **Método:** investigación cualitativa, exploratoria y descriptiva; conducida en una unidad maternoinfantil. Tuvo la participación de 21 profesionales de enfermería. La recolección de datos se dio por entrevista semiestructurada grabada; posteriormente sometidos al análisis temático. **Resultados:** como aspectos que contribuyen para el desarrollo del proceso de trabajo, se enumeraron la buena relación entre el equipo de enfermería; la disponibilidad de recursos personales y materiales; la identidad del hospital. Como obstáculos, se señalaron la falta de especificidad y espacio de la unidad; su ubicación; la dificultad en la comunicación y la asimetría entre la atención brindada por el personal médico y de enfermería. **Conclusión:** el ambiente de la unidad maternoinfantil debe contemplar la confortabilidad de las mujeres hospitalizadas; posibilitar la producción de subjetividad de los profesionales de enfermería, mediante el trabajo en equipo multidisciplinario; así como favorecer el uso del propio espacio como herramienta para facilitar la producción de salud.

Descriptor: Ambiente de Instituciones de Salud; Maternidades; Flujo de trabajo; Enfermería Maternoinfantil; Enfermería

Introduction

Ambience is a guideline of the National Humanization Policy that aims to create healthy and welcoming spaces based on changing practices, processes and work relationships. Therefore, it is proposed to rethink the physical space in health beyond the normative and technical aspects, the maintenance of biological and environmental conditions, taking as starting point the implication and protagonism of the subjects involved in the production of health: workers, users and managers.¹

The ambience is composed of three pillars that support it: comfortability, space as a tool that facilitates the work process and production of subjectivity. Comfortability refers to physical aspects such as color, light, smell, lighting, which are the modifiers and qualifiers of the environment, in order to provide a welcoming environment for professionals and service users.² Space as a tool that facilitates work is related to the promotion of collective environments³ considering that work is about the worker's action on nature, and from this interaction it is modified by the results it creates.⁴ The production of subjectivity is related to the uniqueness and individuality of people, and it is up to the health professionals, the promotion

of welcoming environments.⁵

In the mother-child unit, specifically, paying attention to the ambience is something that favors the appropriation of space and the control of parturients as to their choices, their body and their labor. Therefore, it reduces the insecurity of being in an unfamiliar environment, transforming the perception of the woman and her companion in relation to the lived experience.⁶

Delivery needs to be carried out in a welcoming environment, which offers the parturient a feeling of warmth and security during labor and birth, having the least possible interventions and with interaction with her companion throughout the period.⁷ Also, it can - use strategies that help in the management and control of pain, which are not pharmacological, helping in the progress of delivery, such as the ball, the horse, the rope; considering the woman's choice in view of her needs.⁶

When the ambience in the mother-child unit is adequate, it becomes possible to offer different ways for the woman to be the protagonist of delivery, being able to face and manage her fears, anxieties and pain relief in the parturition process. For the professional the ambience can facilitate the work process, since the lack of adequate physical structure and privacy hinder the exercise of humanized practices, which are often left out due to the lack of adequate structure and supplies.⁹

In this sense, a study that investigated the perception of health professionals about the work environment of the delivery room and its interface with the humanization of care pointed out that the inadequate physical structure, the lack of materials and equipment maintenance, the unpreparedness of some professionals, the difficulty of teamwork, and the resistance to work according to the guidelines of humanization of care make the work process difficult and generate dissatisfaction in professionals.¹⁰

A study carried out in Medellín, Colombia, which investigated the influence of the health context and working conditions in the care of women during the delivery process pointed out that institutions with a reduced number of health professionals in relation to the daily demand for care cause overload to workers and, consequently, care is not performed properly. It was found that measures were taken to speed up delivery, such as the routine use of oxytocin, and also a high number of early discharges, in order to vacate beds and meet the demand that is awaiting care.¹¹

A study that aimed to analyze the experience of postpartum women on the role of health professionals during delivery indicated that the lack of comfort, the environment with inadequate physical structure and the high demand from users is an aspect that contributes to the dissatisfaction of women in their parturition process, but also hinders the work process and the humanization of care. On the other hand, humanized care facilitates the relationship between parturient and professionals, providing the creation of a bond and greater satisfaction with the care, subsidizing expectations for future deliveries.¹²

Considering that the environment is characterized as a meeting space between subjects, it can enhance reflection on care practices, in order to transform the work process and contribute to the role of women in delivery and birth.¹ In view of the above, the present study aims to understand aspects of the environment that influence the work process in the mother-child care unit.

Method

This is an exploratory and descriptive qualitative study developed from a part of the macro-study entitled "Ambience of the mother-child unit: perception of users and nursing professionals". Thus, the study participants were identified with the letter P, followed by Arabic numerals indicating the serial number of the interview, in order to guarantee anonymity.

The research was carried out in a mother-child unit of a teaching hospital located in southern Brazil. This unit has 24 beds arranged in six wards, five of which are dedicated to the care of pregnant and postpartum women, and one to the care of surgical patients in gynecology and mastology. It also has a pre-delivery room, a delivery room and a nursery, two for exams, a purge room, and a pantry for cleaning materials, a nursing station, two for obstetric residency and one for the comfort of the nursing team.

The unit has 21 nurses and 50 nursing technicians. Twenty-one nursing professionals participated in the present study who met the inclusion criteria: being a nurse, technician or nursing assistant; working in the mother-child unit for at least six months. The following exclusion criteria were established: nursing professionals on vacation or sick leave during the data collection period. The number of participants was determined by data saturation, that is, when the collection of new data does not bring more clarification to the object studied.¹³

Data collection took place during the first half of 2019, through a semi-structured

recorded interview, which was guided by a script that explores aspects related to the ambience of the mother-child unit, specifically the work process of nursing professionals: How do you notice the ambience in the mother-child unit where you work? In your opinion, does the way in which the mother-child unit is organized influence the work process of the nursing team? What aspects do you consider that contribute to the development of the work process of the nursing team in the mother-child unit?

The interviews were carried out by a trained team, composed of two nursing students and a nurse; in the unit's procedure room, with a mean duration of 20 minutes.

For data analysis, the operative proposal was used,¹⁴ which is divided into three stages: 1st) pre-analysis, the initial stage, consists of choosing the data to be analyzed, resuming the hypotheses and initial objectives of the study, in order to develop indicators that guide the final interpretation; 2nd) the exploration of the material, which consists of the operation of decoding, classification and aggregation of data, aiming at maximum understanding of the text; 3rd) the treatment of the obtained results and interpretation, is the final stage of the thematic analysis, in which the gross results are submitted to simple statistical operations (percentage) or complex (factor analysis); the transformation of the data allows the interviewer to perform interpretations and proposed conclusions.

Favorable opinion was granted to the study by Official Letter N° 3,219,877 and Presentation Certificate for Ethical Appreciation N° 08879619.3.0000.5316, was approved on March 25, 2019, respecting the ethical precepts set out in Resolution 466/2012 of the Ministry of Health.

Results

The characterization of the participants and the themes that emerged from the data analysis will be presented: Aspects that contribute to the development of the work process and Aspects that hinder the work process in the mother-child unit.

The study had 21 participants, mostly women (N= 20, 95.23%), whose age ranged from 28 to 54 years, with a mean age of 36 years. Of these, 11 were nurses and 10 were nursing

technicians, with a mean of two years of experience in the mother-child unit; six had a specialization and three a master's and/or PhD degree.

Aspects that contribute to the development of the work process in the mother-child unit

According to the participants, the good relationship and integration of the team contributes to overcoming the adversities imposed by the physical structure and those that emerge in the routine of the service, as the work carried out collectively provides support to professionals in the development of actions, as well as favoring care for hospitalized women.

Teamwork, the team [...] I think we are united. Yes, there are differences, but we try to help each other. (P3)

We are a very easy-going team, we have a good relationship. So it's easy for you to ask your colleague for a favor, he doesn't understand it as if I was imposing anything: do such a thing for me. Our nurses don't need to be: so-and-so has to do such a thing, so-and-so has to [...] you know? And if I can't make it, the colleague next to me already offers help. The relationship between us is good, so it's easy to work with one another. With our bosses too, the work is light, it becomes smooth, because it's bad when you work in a heavy atmosphere, it seems like you don't move. And the shift we work is a light shift, the work is very heavy, but it becomes light because our relationship is smooth. I understand when someone asks me for help, if you're asking me it's because you need it. (P4)

The team members have a very good interaction, so this helps a lot, because they already know that if a colleague is in need of help and they all go together and already provide that better service, they already help each other. The nurses are doing the meetings more regularly to allow the team to interact more and work better, so I think this helps a lot. (P5)

Look, the aspects that actually contribute are the team, because if we were to depend on the physical environment, we would be exhausted, but we can do a little better work because of the team, which helps each other a lot. We have a very good collaboration, a very good team, so if it wasn't for the team we wouldn't be able to develop anything. (P13)

Influence, because nursing is a sequence, you end your shift and start another one, so the way you work will influence the way they will receive the shift and so on, so teamwork has to prevail because of that also. (P14)

Another participant states that teamwork and collegiality arising from the interaction of its members contribute to the establishment of friendly relationships.

What really helps is companionship. If we are colleagues, the relationship is not necessarily one of friendship, but sometimes, precisely because of this firm relationship, the colleague says: I defend you, I help you; and that turns into friendship. You experience recognition of the service you've done to help your partner and vice versa. It strengthens the relationship a lot. We become colleagues, partners. (P7)

The participants highlighted that in the multidisciplinary team, respect between professionals and the establishment of horizontal relationships are essential, so that communication and information sharing are enhanced, contributing, consequently, to the organization of the work process due to the conducts to be adopted.

I think that good teamwork is essential for us to get along, so that there is respect, so that there is not so much hierarchy, especially between physicians, nurses and technicians. Let it be a more horizontal relationship, because then we know the information that will be given to the patient. I think that when they, some of the physicians, are more accessible, this helps. They pass the cases to us very well, very carefully, and so we prepare ourselves to receive the patients or to for the actions that will have to be done (P15)

You may not have as much work material, you may not have a good physical structure, but once you have good communication between the medical, nursing and social service teams, you may not reach 100% of the result, but the result will be good. So if everyone listens to each other, if they speak clearly, the result will be very good. And that's what matters most. (P16)

The affinity with the mother-child area is pointed out by the interviewees as a facilitating aspect, as it converges in the satisfaction of working in the unit and in professional dedication.

I am happy most of the time to come here. I don't feel regret [...] I say that it is a place that brings happiness to the maternity. (P7)

The professional who works in the mother-child unit has to like the unit; it's no use to have a professional here and who doesn't have affinity with this area. (P11)

The team is very united; I walk between several shifts, morning and afternoon and I realize it is united; there is teamwork for real. Everyone who works here, I realize that they really like the sector, they are very dedicated. (P14)

I see as a positive point that people are dedicated, they like the mother-child area. This is very important, because it is affinity [...] if the person has affinity, she goes to that area and dedicates herself fully, you know? (P16)

The unit is perceived as a welcoming environment, providing comfort for both hospitalized women and professionals. Specifically for professionals, in addition to their own aptitude and willingness, the fact that the unit has personal resources (nursing and other specialties) and materials contributes to the development of the work process and the care offered.

[Is the environment comfortable?] Yes, very much. For both women and care providers. As I said, in a welcoming environment we are more satisfied to work; This will greatly influence the way we take care of them; for example, if it is a place that you have to improvise, that doesn't have the material, that you have to pull from here and there, you will have to spend more time to do that task, different than if you had a suitable environment to provide that care. (P8)
What helps a lot is for us to donate to that moment, to be willing to do our best

for that patient; to have the means to do so, including professionals available there, without a deficit. Having specialist professionals, material available, a hotel that helps us, an immediate contact that we can consult if necessary and I call and the professional comes here to assist the pregnant woman or the puerperal woman; it contributes to doing a good job. (P14)

The way care is offered reflects on the hospital's identity. When women seek and enjoy the service of the unit where they work, this adds satisfaction to the professional.

We have an identity here, in the hospital; I am very happy to work here; this hospital is well spoken, people come to this hospital for some reason, and maternity ward is special because women like to give birth here or stay in the hospital. (P7)

The interviewees observe that the qualification actions help in the nursing work process, highlighting the role of the leadership in encouraging them and the professionals' willingness to learn; whether formal learning, through lectures and courses, or with a colleague.

I believe that the qualification of the team should be a relevant point for the work process in the maternity ward; a leader who encourages also facilitates. Being willing to learn from each other also helps, because it is not because you're a leader that you won't learn anything from your colleague. I think we learn a lot from our colleagues when we are willing to change some things. (P8)
We are very encouraged to always be recycling ourselves, taking courses, improving ourselves, participating in lectures; I think this also adds a lot to our knowledge. (P14)

Regarding the physical structure, it is necessary that the place is suitable for the activities developed there, providing an organized, peaceful and welcoming environment.

[...] a suitable place for the development of activities. With adequate physical structure. (P9)

[...] a quiet, welcoming, organized, non-crowded environment that has a clear flow of care for all professionals, both those who work directly with patients, as well as the cleaning staff, as well as the concierge staff, the staff of the block must also understand the flow that we have here because we work directly with the block and also with the Neonatal Intensive Care Unit (NICU). (P11)

It is imperative to adapt the place to the activities developed there, so that there is an understanding of the flow of care by all professionals who work directly or indirectly in the mother-child unit.

Aspects that hinder the work process in the mother-child unit

Professionals report that the unit's lack of specificity, with different services to unique

audiences, such as pregnant women, parturients, postpartum women in rooming-in, women in pre- and post-gynecological surgeries, make the work process difficult; because the high demand for work leads to professional overload.

I think that the sector had to be just maternity, but we have a surgical and gynecology bed. They are other patients, you know? Sometimes we are focusing on a pregnant woman, and then in a minute we have to go and assist a surgical procedure. (P1)

We need a team just to provide care [the obstetric and surgical part], because here everything is very close together. Sometimes this ends up overloading us. (P3)

[...] the obstetric nurses do not work exclusively in the delivery room, so while we are in the other wards, we need to provide guidance on breastfeeding, puerperium, discharge, post-discharge care, so also this professional issue, all hinders the work process. (P20)

[...] here we have everything. There's surgery, there's pregnant women, there's postpartum, there's a nursery. The team helps; otherwise I think it would be bad. (P21)

The lack of space in the unit is pointed out as a hindrance to the work process, as it limits the work of the professional, who fails to perform care in the ideal way to adapt to the conditions of the environment. In addition, it does not favor the flow of students and professionals at the same time.

There are things that we know we have to do, we would like to, but the environment does not allow it, there is no way for us to think about improving if the structure is a tiny place and when things get difficult we have to play with what we have. (P4)

[...] In the pre-delivery and delivery room, you don't have the physical space and this is very problematic most of the time, both for our patients and for the professionals. It's a teaching hospital, where you always have many students, a lot of students, so it's complicated. (P13)

To improve the work process, professionals expose the need for an Obstetric Center as a way of offering care focused on labor and delivery, improving the organization and flow of people in the service.

If it were an obstetric center only focused on labor and delivery, the team would be more focused, more dedicated to provide this type of care than with wards all together. (P8)

[...] if the building allowed to have an obstetric center I think it would be very good. The team would be composed of X people; maybe not so many people would enter the delivery, it would be more organized. So, our work process, to be better, depends on the obstetric center which we don't have. (P17)

I think it would be great to have an obstetric center here, it would be nice to have the pre-delivery/delivery and post-delivery rooms (PPP's). (P19)

Another study participant states that regardless of whether or not the structure of the unit is desirable, the professional plays an important role in care, to qualify it and perform a reference work.

[...] we cannot give too much thought to the fact because we do not have a desirable structure and for providing more or less assistance. No, I have to do my best regardless of the structure. For example, we see a lot of advertising and what people say about Hospital X, but they don't have the best structure. Hospital Y was recently renovated to have an adequate structure, but before that they were already doing a reference work even without the better structure they have now, so it very much depends on the team. Sometimes, depending on the people you work with, it is possible everything; all those techniques, a peaceful environment, passing on tranquility to the parturient. (P6)

The participants mentioned the difficulty in communication and the asymmetry between the care provided by the nursing and medical teams. Furthermore, they point out the mismatch between some professionals who are based on empirical practices as opposed to recommended practices that are based on scientific evidence.

[...] the medical team and the nursing team following the same line of thought, this is little bit missing. (P3)
In nursing, we don't manage to do much because the medications are a barrier. If we, as nurses, could work on our own, we would achieve much more. (P4)
The nursing team holds meetings, settles some points, but they have some disagreements with the medical treatment. (P5)
Nursing does a lot for the parturient, now she can be more active. We used to be were very much ignored here. I was trained in a system where I had access to speak more directly with physicians, so I continued to do so here without realizing that this was not the way things worked here. (P7)
What frustrates me a lot is this issue of the way the care changes according to the team, the hospital on-duty, the preceptor, the medical resident. (P8)
We have on-call nurses who encourage the position and avoiding lithotomy, avoiding to stay in dorsal decubitus only, walking, exercising and going to the shower, but there are others [...] this is a sad thing. That you have to stop doing what you believe, which is evidence and what you believe brings changes, in practice. (P8)
The multidisciplinary teams do not speak the same language, they do not have a protocol, a correct flow of care, which varies according to the shift. In addition to this non-conformity of work in the line of care, this also influences the aspect of nursing, because it turns out that we do not know who to turn to in which line the professionals are also working. (P11)

The lack of professional training in the unit makes it difficult to understand the importance of teamwork and the different areas and their specificities for the provision of care.

I think that in order to improve teams, they had to agree on working together, actually working together. (P6)

[...] training of professionals in the multidisciplinary team, understanding that we work as a team and that no one wants to take anyone's place. They are different care measures, they are different objects of care, the assistance is different. So, space is not disputed, if you want to work together. (P20)

The location of the unit also makes the work process difficult, since, as it is located on the ground floor and constitutes a corridor and access to other sectors, it prevents the performance of some care actions.

I cannot walk with a patient, how am I going to walk with a patient, if a patient with an infectious disease is passing by and is walking through the corridor, the companions who are upstairs to get hot water, they have to go through here, for the companions to heat up food, they have to go through here, so here is a flow. (P2)

The maternity, it is a corridor[...] so, the fact that it is this long corridor makes it very difficult for us, for example, it's a lot of people walking around here. (P12)

The sectors are very dispersed, for example, a surgical sector is there, then you see the delivery room, pre-delivery, everything is separate. (P16)

The importance of the location of the unit being thought from the logistics of service, interconnecting the sectors is an aspect that was mentioned.

Discussion

According to the nursing professionals, the good relationship and integration of the team contributes to the development of collective work and in overcoming the adversities imposed by the physical structure and those that emerge in the routine of the service. In line with these findings, a study that assessed the level of professional satisfaction in nursing showed that the interaction between the team in the work environment, with a willingness to help each other, constitutes a factor for the satisfaction of professionals, because when they help each other make the environment favorable to the development of the work process and improve work relationships.¹⁵

Another study carried out with the objective of identifying the factors that impact on interpersonal relationships in nursing, pointed out that the strengthening of affective and interpersonal relationships at work favors the bond between professionals and the creation of friendship, making work pleasurable, minimizing conflicts.¹⁶

In the multidisciplinary team, the participants of this study emphasized the need for relationships based on respect and horizontality, in order to enhance communication and

information sharing. In this sense, a study that analyzed the perception of nursing students about the integrality of care pointed to the importance of interaction between team members for the qualification of care and the provision of multiprofessional and integrated care. In this context, nurses have a fundamental role in the management of the team, leading it and interacting with it in order to value all the components, emphasizing the role of each one in the development of quality individualized care.¹⁷

In the present study, the affinity with the mother-child area is also pointed out as a facilitating aspect of the work process, since it converges in professional satisfaction and dedication. In this sense, the supervisor's relevance is pointed out in order to get to know his workers and insert them in places that have greater affinity and knowledge. A study carried out with the objective of knowing the strategies of the supervisor nurse in the integration of the nursing work teams of a hospital institution observed that it is important that has technical qualification of the professional and that he is allocated in a place that is related to his competence so that he achieve the desired objectives, based on scientific evidence.¹⁸

Nursing professionals pointed out that the availability of personal and material resources in the unit contributes to the development of the work process and to the care offered. In this regard, a study carried out with the objective of understanding the practice of obstetric nurses showed that a favorable environment for the development of the work process affects professional satisfaction; while the lack of adequate structure, the difficulty in promoting privacy and the realization of the reception cause dissatisfaction of professionals and users.⁹

For one of the participants in this study, the fact that women seek and like the service at the unit reflects on professional satisfaction. A similar finding was observed in a study developed in a maternity hospital whose care is performed exclusively by nurses, in which the users, assisted during the perinatal phase, reported that the care is offered in a humanized and unique way, taking into account the need for the mother, father and mother son triad throughout the delivery process.¹⁹

In the hospital where the study presented here was carried out, delivery is not exclusively attended by obstetric nurses because it is a reference for high-risk pregnancy for 22 municipalities in the region, but it has obstetric nurses in its scale, in addition to general nurses. The hospital recognizes the importance of this professional for assisting women in labor, considering that low-risk delivery and birth care can be performed by both an obstetrician and

an obstetric nurse, the latter being important because it has advantages in relation to the reduction of interventions and subsequent satisfaction of the women served.²⁰

In the present study, the professionals pointed out that the qualification actions help in the nursing work process. A quasi-experimental study of the before and after type, which developed an educational intervention, carried out through a training course applied to the nursing team of a reference maternity hospital in the city of Teresina, in the state of Piauí, found the importance of the qualification of professionals responsible for the care of the parturient, so that they are supporting the physiological process of labor, making the woman the protagonist of this moment. In addition, an improvement was also observed in relation to the knowledge of the professionals of the nursing team, formalizing the attempt to improve care and reduce obstetric violence.²¹

The participants of this study also explained the need for an organized environment, which allows the understanding of the flow of care by all professionals who work directly or indirectly in the mother-child unit. A study with the objective of analyzing the flow of informational management, in the Reception and Infirmary sectors, of the Municipal Hospital and Maternity of Pimenta Bueno, in the state of Rondônia, pointed out that it is imperative to observe the flow and provide updated and accurate information between sectors for good individual and organizational professional performance. Therefore, the study emphasizes that the correct management of hospital information is not limited to acquiring good technological equipment, but, above all, to having trained users with a strategic vision to control and direct managerial information to the appropriate places.²²

As aspects that make the work process difficult, the lack of specificity of the unit is pointed out due to the high work demand and professional overload. A study carried out with 20 obstetric nurses from a school maternity hospital located in the city of Salvador showed factors that hinder care in the delivery process, including some related to the care environment, such as: inadequate physical space, which makes individualized care difficult and presence of a companion; overcrowding, which creates difficulties in the performance of care, lack of privacy, accommodation in armchairs and stretchers; the great care and administrative demand directs the nurses in this sector to other demands that are not the care of women in labor and delivery.²³

Another point mentioned by the professionals was the lack of space in the unit which, in

addition to limiting the work of the professionals to the conditions of the environment, also does not favor the flow of students and professionals concomitantly. For this reason, the need for an Obstetric Center is pointed out as a way of offering care focused on labor and delivery, improving the organization and flow of people in the service.

Corroborating the above, a study with the objective of knowing the factors that influence the improvement of the care offered by obstetric nurses in the delivery process indicated that among the institutional factors that most demonstrate an impact on the form of care provided is the use of adequate physical space, because it allows a better professional-patient relationship, making the assistance occur in a humanized way. In addition, the space, without a high occupancy rate, allows nurses to pay attention to women throughout the delivery process, having more time dedicated to them.²³

As a result, this study pointed out that, regardless of the unit's structure, the professional plays an important role in care, to qualify it and perform a reference work. In this sense, continuing education proves to be useful, in the sense of updating the knowledge of professionals and encouraging them to provide care in a humanized way, respecting the individuality of each patient and the physiological and natural process of delivery.²⁴

In addition, a study that aimed to characterize the maternal indicators of deliveries assisted by residents of obstetric nursing in an intra-hospital Normal Delivery Center highlighted the importance of this professional in the delivery room, since he has the role of putting into practice the humanization of care and good practices in labor and birth, in favor of excellent care.²⁵

In order to change the reality of care in the national obstetric scenario, in the sense of offering humanized care, with respect, dignity and quality to women, it is imperative to invest in professional training and in the updating of service professionals.²⁶

Mismatches in the actions and care provided by the nursing and medical team were also listed as obstacles to the work process. It is noteworthy that the work environment is formed by a set of physical and technological conditions, the relationship between subjects, production and work demand, among others. In this way, subjects, instruments and assistance must talk to each other simultaneously, so that the result is positive, impacting the quality of health care.¹⁰

Humanized care starts from the use of the best scientific evidence, guidance and

empowerment of the users, ethical performance and good interdisciplinary work environments.²⁷ However, the difficulty of medical professionals in dealing with humanization processes, less interventionist, with practices based on scientific evidence were also pointed out by some interviewees in this study. This fact is supported by medical training supported by intervention and medicalization, promoted by some institutions and preceptors even today, reflects on newly trained professionals resistant to humanized work and unprepared to work in multidisciplinary teams.²⁸

However, the lack of professional training in the unit studied makes it difficult to understand the importance of teamwork in the different areas and their specificities for the provision of care. Teamwork is pointed out as an instrument to promote the rupture of the traditional model for a more collaborative and symmetrical model, showing that an interdisciplinary work, articulated and built on similar practices and knowledge, with committed professionals and believers in what is proposed, guarantees the best model of care for the users, promoting the role of women, the physiology of female bodies, respect and privacy.¹⁰

Location is another aspect that makes the work process of nursing professionals difficult, as it makes it difficult or prevents the performance of some care actions; being necessary to rethink the flow and logistics of the unit. According to the guidelines manual regarding the ambience of the obstetric center, the environment aims to provide humanized and qualified and welcoming care that can provide care throughout the delivery and delivery process with the presence of a companion. The spaces must be individualized, having pre-delivery/delivery and post-delivery (PPP) rooms with access to a bathroom, where the woman develops the entire process of labor and delivery, and can be transferred after the immediate postpartum period to the rooming-in ensuring privacy throughout the period and internal and/or external spaces that allow the woman to walk and move around.²⁹

In addition, surgical delivery rooms must take place in a surgical environment, with access to the maternity ward, ensuring the adequate flow without having to go through other sectors, having adequacy from the Gateway, performing the reception without interference.²⁹

A study that aimed to analyze the ambience of delivery places, considering the presence of PPP rooms in 575 hospitals that carry out deliveries in the Unified Health System within the scope of the Stork Network, pointed out that when the place of care has an adequate ambience, it is seen as a facilitator for the qualification of Brazilian obstetric care, especially with a view to

increasing the frequency of good practices, that are often unable to be exercised without constraint in collective rooms.³⁰

As limitations of the study, it is pointed out the fact that it was developed in a unit with particular characteristics and needs, which makes it impossible to generalize the results. Furthermore, it is suggested that future studies explore the perception of the different actors involved in the health production process: users, professionals and managers.

As a contribution to nursing, the results of the present study highlight the potential of professional training actions to qualify the work process in the mother-child unit. Given its characteristics, investment in the nursing and multidisciplinary team proves to be useful, not only for professional updating, but also for improving communication, establishing colleague relationships and organizing collective work, favoring care for hospitalized women. Furthermore, it is necessary to invest in logistical knowledge, which provides professionals and managers with an understanding of the unit's needs, as well as the service flow, in order to build an organized and welcoming place, appropriate to the activities developed therein.

Conclusion

The nursing professionals pointed out that there are aspects of the environment that influence the work process in the mother-child unit. Among the aspects that contribute to its development, multiprofessional team work stands out, taking into consideration the respect, effective communication and horizontality in the relationships between the different professionals with information sharing, as well as the adequate availability of personnel and supplies for provide care with comfort to parturients. Such aspects impact on professional satisfaction with the care offered by nursing, since the institution is recognized as welcoming by its users. On the other hand, the professionals listed difficult aspects, the location, and the lack of physical structure in the unit, non-obstetric care and the high traffic of people.

Therefore, with regard to the work process, the environment of the mother-child unit must take into consideration the comfort of hospitalized women; enable the production of subjectivity of nursing professionals through multiprofessional team work; and favor the use of the space itself as a tool to facilitate the production of health. The relationship of interdependence between the pillars of the ambience becomes clear, since the nursing work cannot be thought of in isolation, as there is a risk of distancing itself from humanized care.

References

1. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Política Nacional de Humanização da Atenção e Gestão do SUS. A experiência da diretriz de Ambiência da Política Nacional de Humanização - PNH [Internet]. Brasília (DF): Ministério da Saúde; 2017 [acesso em 2022 jan 16]. Disponível em: https://redehumanizasus.net/wp-content/uploads/2017/09/experiencia_diretriz_ambiencia_humanizacao_pnh.pdf
2. Bestetti MLT. Ambiência: espaço físico e comportamento. *Rev Bras Geriatr Gerontol.* 2014;17(3): 601-10. doi: 10.1590/1809-9823.2014.13083
3. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Núcleo Técnico da Política Nacional de Humanização. Ambiência [Internet]. 2ª ed. Brasília (DF): Ministério da Saúde; 2010 [acesso em 2021 dez 07]. Disponível em: http://bvsm.sau.gov.br/bvs/publicacoes/ambiencia_2ed.pdf
4. Thofehrn MB, Amestoy SC, Porto AR, Arrieiral CO, Dal Pai D. A dimensão da subjetividade no processo de trabalho da enfermagem. *J Nurs Health* [Internet]. 2011 [acesso em 2022 jan 16];1(1):190-8. Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/3423/2814>
5. Jardim MJA, Silva AA, Fonseca LMB. The nurse's contributions in prenatal care towards achieving the pregnant women empowerment. *Rev Pesq Cuid Fundam.* 2019;11:432-40. doi:10.9789/2175-5361.2019.v11i2.432-440
6. Silva CN. Ergonomia aplicada na qualificação da ambiência do espaço de nascer. *Sustinere.* 2018;6(1):150-74. doi: 10.12957/sustinere.2018.33609
7. Ministério da Saúde (BR); Universidade Estadual do Ceará. Cadernos HumanoizaSUS: Volume 4: humanização do parto e do nascimento [Internet]. Brasília (DF): Ministério da Saúde; 2014 [acesso em 2021 dez 07]. (Cadernos HumanizaSUS; 4). Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/humanizacao-do-parto-e-do-nascimento/>
8. Dias PF, Miranda, TPS, Santos RP, Paula EM, Bem MMS, Mendes MA. Concept formation of ambience for labor and normal institutionalized delivery. *Rev Bras Enferm.* 2019;72(Suppl 3):348-59. doi: 10.1590/0034-7167-2018-0698
9. Monteiro AS, Martins EM, Pereira LC, Freitas JC, Silva RM, Jorge HMF. Practice of obstetric nurses in humanized childbirth care in a high-risk maternity. *Rev Rene.* 2020;21:e41409. doi:10.15253/2175-6783.20202143863
10. Dodou HD, Sousa AAS, Barbosa EMG, Rodrigues DP. Sala de parto: condições de trabalho e humanização da assistência. *Cad Saúde Colet.* 2017;25(3):332-8. doi:10.1590/1414-462X201700030082
11. Arango-Urrea JD, Molina-Berrio DP, Meija-Merino CM, Zapata LF. La atención a las madres durante el proceso de parto en algunos servicios de salud de la ciudad de Medellín: un acontecimiento enmarcado en el neoliberalismo y la mercantilización de la vida. *Rev Gerenc Políticas Salud.* 2018;17(35):76-92. doi: 10.11144/javeriana.rgps17-35.amdp
12. Santos GO, Carneiro AJS, Souza ZCSN. Discurso de mulheres sobre a experiência do parto normal e da cesariana. *Rev Pesq Cuid Fundam.* 2018 jan/mar;10(1):233-41. doi: 10.9789/2175-5361.2018. v10i1.233-241
13. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesqui Qual* [Internet]. 2017 [acesso em 2021 out 26];5(7):1-12. Disponível em: <https://editora.sepq.org.br/rpq/article/view/82/59>
14. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. São Paulo: Hucitec;

2014.

15. Galvão APFC, Lima AMNF, Mirando FB. Equipe de Enfermagem: uma avaliação da satisfação profissional no hospital municipal de Vargem-Grande, MA. *Unifunec Cient Multidiscip.* 2020;9(11):1-11. doi: 10.24980/rfcm.v9i11.4081
16. Dias JS, Rocha LP, Carvalho DP, Tomaschewski-Barlem JG, Barlem ELD, Gutierrez ED. Health, behavior and management: interpersonal relations. *Texto Contexto Enferm.* 2020;29:e20190057. doi: 10.1590/1980-265X-TCE-2019-0057
17. Gallotti FCM, Santos LER, Dias VGA, Farias QSS, Martins MCV, Góis RMO, et al. Nurse training from the perspective of integral care and teamwork. *Res Soc Dev.* 2021;10(1):e24110111724. doi: 10.33448/rsd-v10i1.11724
18. Torres DG, Alcántara KSG, Miranda MC, Bernardino E. Del conocimiento a la práctica: integración de equipos de trabajo por supervisora de Enfermería. *Enferm Actual Costa Rica.* 2020; (38):45-60. doi: 10.15517/revenf.v0i38.38385
19. Torres DG, Garduno MDM, Rojas GT, Bernardino E. Model maternity with exclusive care by nurses: social representations. *Online Braz J Nurs.* 2019;18(4). doi: 10.17665/1676-4285.20196203
20. Ministério da Saúde (BR), Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Gestão e Incorporação de Tecnologias em Saúde. *Diretriz Nacional de Assistência ao Parto Normal: relatório de recomendação [Internet].* Brasília(DF): Ministério da Saúde; 2016 [acesso em 2021 dez 07]. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/diretriz-nacional-de-assistencia-ao-parto-normal-relatorio-de-recomendacao/>
21. Lima VKS, Hollanda GSE, Oliveira BMM, Oliveira IG, Santos LVF, Carvalho CML. Health education for pregnant women: the search for maternal empowerment over the puerperal-pregnancy cycle. *Rev Pesq Cuid Fundam.* 2019;4(11):968-75. doi:10.9789/2175-5361.2019.v11i4.968-97
22. Cerioli D, Oliveira JLR, Christino JMM, Ziviani F. Fluxo informacional e gestão hospitalar: um estudo de caso no hospital e maternidade municipal de Pimenta Bueno-RO. *Rev Adm Hosp Inov Saúde.* 2015;12(3):76-93. doi: 10.21450/rahis.v12i3.2484
23. Oliveira PS, Couto TM, Oliveira GM, Pires JA, Lima KTRS, Almeida LTS. Obstetric nurse and the factors that influence care in the delivery process. *Rev Gaúcha Enferm.* 2021;42(N Esp): e20200200. doi: 10.1590/1983-1447.2021.2020-0200
24. Lira IMS, Melo SSS, Gouveia MTO, Feitosa VC, Guimarães TMM. Intervención educacional para la mejora en la asistencia al trabajo de parto normal. *Enferm Glob.* 2020;19(58):226-56. doi: 10.6018/global.38258
25. Sousa LS, Souto REM, Fernandes BKC, Esteche CMGCE, Damasceno AKC, Melo LPT. Indicadores maternos dos partos assistidos em um centro de parto normal intra-hospitalar. *Rev Enferm Atual In Derme.* 2021;95(34):e-021068. doi: 10.31011/reaid-2021-v.95-n.34-art.1067
26. Nascimento LCN, Souza TV, Oliveira ICS, Moraes JRMM, Aguiar RCB, Silva LF. Theoretical saturation in qualitative research: an experience report in interview with schoolchildren. *Rev Bras Enferm.* 2018;71(1):228-33. doi: 10.1590/0034-7167-2016-0616
27. Santana AT, Felzemburgh RDM, Couto TM, Pereira LP. Performance of resident nurses in obstetrics on childbirth care. *Rev Bras Saúde Mater Infant.* 2019;19(1):135-44. doi:10.1590/1806-93042019000100008
28. Cassella NA, Machado FRS. Apoio Institucional: a percepção dos apoiadores em uma maternidade pública de Alagoas. *Rev Trab Educ Saúde.* 2018;16(2):799-820. doi: 10.1590/1981-7746-sol00108sol00132
29. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Orientações para elaboração de projetos arquitetônicos: Rede Cegonha: ambientes de

atenção ao parto e nascimento [Internet]. Brasília (DF): Ministério da Saúde; 2018 [acesso em 2022 jan 16]. Disponível em: https://bvsmis.saude.gov.br/bvs/publicacoes/orientacoes_projetos_arquiteticos_rede_cegonha.pdf

30. Pasche DF, Pessati MP, Silva LBRAA, Matão MEL, Soares DB, Caramachi APC. Transição do modelo de ambiência em hospitais que realizam partos na Rede Cegonha. Ciênc Saúde Colet. 2021;26(3):887-96. doi: 10.1590/1413-81232021263.45262020

Author contributions

1 – Kelly Pires do Amaral

Corresponding Author

Nurse, Master in Nursing - E-mail: enfellyamaral@gmail.com

Conception and/or development of the research and/or writing of the manuscript; (2) review and approval of the final version.

2 – Juliane Portella Ribeiro

Nurse, PhD in Nursing - Email: ju_ribeiro1985@hotmail.com

Conception and/or development of the research and/or writing of the manuscript; (2) review and approval of the final version.

3 – Melissa Hartmann

Nurse, Resident in Nursing - E-mail: hmelissahartmann@gmail.com

Conception and/or development of the research and/or writing of the manuscript.

4 – Adrize Rutz Porto

Nurse, PhD in Nursing - E-mail: adrizeporto@gmail.com

Review and approval of the final version.

5 – Clarice Alves Bonow

Nurse, PhD in Nursing - E-mail: claricebonow@gmail.com

Review and approval of the final version.

Scientific Editor-in-Chief: Cristiane Cardoso de Paula

Scientific Editor: Tânia Solange Bosi de Souza Magnago

How to cite this article

Amaral KP, Ribeiro JP, Hartmann M, Porto AR, Bonow CA. Aspects of the ambience that influence the work process in the mother and child unit. Rev. Enferm. UFSM. 2022 [Access in: Year Month Day]; vol.12 e38: 1-19. DOI: <https://doi.org/10.5902/2179769269035>