

# STRESS AND THE NEED FOR PROFESSIONAL VALORIZATION IN THE IMPLANTATION OF HUMANIZATION PROCESSES OF SUS (HUMANIZASUS)

*ESTRESSE E A NECESSIDADE DA VALORIZAÇÃO PROFISSIONAL NA IMPLANTAÇÃO DOS PROCESSOS DE HUMANIZAÇÃO DO SUS (HUMANIZASUS)*

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## ABSTRACT

**Introduction:** Since 2004, the Health Ministry has implemented measures to improve the quality and humanized care of SUS users, HumanizaSUS. Several guidelines were instituted among them the professional valorization, however, no practical measure was taken in favor of the value of the health professional, who is one of the most prone to stress. **Objective:** To show association between work-related stress syndromes in health professionals and their impact on the humanization process, proposed by the Health Ministry. **Methods:** A bibliographical research was carried out among the various data sources available as a Health Virtual Library, Pubmed and Scielo aimed at obtaining data. Citations about the presence of stress and burnout syndrome and the need for professional valorization were found in the sources studied. **Results:** Although there are references on the subject, there remains a gap on the association of professional activity and implantation of HumanizaSUS, on the contrary, only measures were found that increase the professional exposure were provisioned, treating the professional valorization in a secondary way, increasing the degree of stress and increasing the number of professionals with burnout syndrome, with consequent delay and problems for implementation of the measures required by the Health Ministry. **Conclusion:** The valuation of the health professional is fundamental for the implementation of HumanizaSUS, failure to observe this need entails .delays and poor management in the goal of humanization of the Unified Health System

**Keyword:** HumanizaSUS. Professional valorization. Stress. Humanization.

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## RESUMO

**Introdução:** Desde 2014, o Ministério da Saúde (MS) vem implantando medidas para melhoria da qualidade de atendimento e para garantir o atendimento humanizado ao usuário do Sistema Único de Saúde, num programa chamado HumanizaSUS. Várias diretrizes foram instituídas, inclusive a valorização profissional; porém, apesar da diretriz, não foi tomada nenhuma medida prática em prol da valorização dos profissionais de saúde, uma das classes mais propensas a estresse. **Objetivo:** Mostrar a associação entre ocorrências de síndromes de estresse relacionadas ao trabalho em profissionais da área de saúde e seu impacto no processo de humanização proposto pelo MS. **Métodos:** Foi realizada pesquisa bibliográfica nas bases de dados BVS, PubMed e SciELO. Citações sobre a presença de estresse e Síndrome de Burnout e a necessidade de valorização profissional foram encontradas nas fontes estudadas. **Resultados:** Embora existam referências sobre o tema, permanece uma lacuna acerca da associação entre a atividade profissional e a implantação do HumanizaSUS; na verdade, foram encontradas evidências do contrário: provisionamento de medidas que aumentam a exposição dos profissionais, tratando a valorização profissional de forma secundária, gerando aumento no grau de estresse e no número de profissionais com Síndrome de Burnout, resultando em atraso e problemas para implementação das medidas requisitadas pelo MS. **Conclusão:** A valorização do profissional de saúde é fundamental para a implementação do HumanizaSUS, e a não observação dessa necessidade acarreta em atrasos e má condução no objetivo de humanização do Sistema Único de Saúde.

**Palavras chave:** HumanizaSUS; Valorização profissional; Estresse; Humanização.

## POINT OF VIEW

### INTRODUCTION

Dehumanization in healthcare refers to the perception of the population and professionals facing difficulties, such as long waiting times, insensitivity to suffering, disrespectful treatment, isolation from social and family networks during procedures, consultations, and hospitalizations, authoritarian management, and poor working conditions (e.g., environmental deterioration and strained relationships)<sup>1</sup>.

The Brazilian Ministry of Health implemented measures within the humanization program in healthcare<sup>2</sup>, aiming to improve care for users of the Unified Health System, known as *Sistema Único de Saúde* (SUS), related to service quality. A project for the systematic reorganization of SUS, called HumanizaSUS, was launched in 2004 and revised in 2010. Guidelines and manuals with orientation, goals, and observations were published to assist managers in fulfilling the objectives<sup>2</sup>.

The National Humanization Policy (NHP), created in 2003, was an innovative initiative to improve healthcare and management practices, with challenges related to new attitudes among professionals and ethics in workplace, overcoming daily problems. In addition, priority actions included bringing users closer to the multidisciplinary team and enhancing user reception<sup>1</sup>.

Three main dehumanizing practices were described: precarious working conditions, leading to failures, stress, and psychological defenses among professionals; long waits, difficult access, and inadequate reception of users; and the positivist biomedical rationality that neglects subjective, cultural, and personal needs. The impersonal, disease-centered approach leads to symbolic violence and excessive reliance on technology that undermines the professional-user relationship, communication, and empathy<sup>3</sup>.

Professional valuation is cited in Ministry of Health manuals and studies on humanization<sup>3-7</sup>, but is consistently treated as secondary. Managers often refer to professional valuation, although they fail to prioritize it during program implementation<sup>3</sup>, often ignoring initiatives to promote the psychosocial well-being of workers<sup>4-7</sup>.

Working in health is unsanitary and contributes to stress and burnout syndrome, a psychological syndrome with depressive features preceded by strong physical and mental exhaustion linked to

professional life. The literature confirms the association between poor working conditions, burnout syndrome, and risk factors of individuals and professional profiles<sup>8</sup>. Professionals who are most vulnerable to stress exhibit low self-efficacy, dissatisfaction, and the desire to leave their position, institution, or position<sup>8</sup>.

Occupational stress syndromes are not limited to physicians or specific specialties; studies describe mental health disorders across different professional frameworks<sup>9-12</sup>. Nevertheless, the association between occupational stress and implementation of health humanization policies has been poorly addressed, highlighting the need to evaluate the association within HumanizaSUS<sup>9-12</sup>.

Thus, this study aimed to assess the association between work-related stress syndromes in healthcare professionals and their impact on the humanization process proposed by the Brazilian Ministry of Health.

### METHODS

A literature review was conducted using databases to address professional stress, burnout syndrome, and the perspectives of health professionals regarding work and career conditions, and the implementation of measures proposed by the Brazilian Ministry of Health.

The search strategy included Virtual Health Library, PubMed, and SciELO databases. The searches used the descriptors “burnout”, “profissionais de saúde”, “health professional”, “humanizaSUS”, “humanização”, “estresse profissional”, “saúde do trabalhador”, and “programa nacional de humanização”. Selected articles were only available in full-text in English and Portuguese.

### COMMENTS

Twenty-four articles on the need to value health professionals, the administrative view of humanization, assessments, performance, and feedback on measures implemented, such as hospitality, comfort, and professional training programs, were included<sup>3,5,14,17-19</sup>.

A study involving nurses reinforced this association, showing that work-related stressors (e.g., pressure to perform tasks quickly and professional or salary devaluation) lead to psychological exhaustion and its related consequences<sup>10</sup>. Reports described a

direct association between professional overload, unhealthy working conditions, and stress-related diseases<sup>8,9,13-15</sup>, impacting the quality of life of professionals<sup>11-15</sup>.

The moral stance of health professionals regarding NHP policies, precarious working conditions, dissatisfaction, and the transfer of responsibility to the team is linked to a deficiency in collective awareness among management and consequent improvement in the health service, without effort to meet the demand and organization<sup>16</sup>. A lack of practical understanding of the role of higher-education health professionals was demonstrated, from user reception in the unit to treatments. Additionally, disregard the psychic and emotional effects of overwork in precarious conditions was observed. This perspective is shared by several health managers<sup>3</sup>, who, despite attempts to solve problems in NHP implementation, perpetuate a cycle that is contrary to program objectives, as professional valuation continues to be treated as secondary<sup>3</sup>.

The initial approach and measures of the NHP are implemented directly by the health professionals, which requires professional enhancement programs at all levels of care.

At the tertiary level, disease processes are more complex, which increases professional responsibility and the risk of emotional exhaustion. In the absence of recognition or compensation for services provided, the implementation of NHP becomes compromised.

The Brazilian Ministry of Health has promoted humanization programs since 2003, publishing manuals and guidelines for dissemination and support. These documents share a common purpose, addressing complaints from users and managers, and creating measures to improve care and reception across different sectors of the health system<sup>2</sup>.

Specific marks for implementing NHP include reducing waiting time and improving reception, ensuring users know who the professionals responsible for their treatment are, guaranteeing accurate information of care units, and participatory management<sup>1</sup>. These marks are more linked to more information and management quality than to clinical care quality, relegating service delivery to the background. Moreover, valuation and dissemination of information are not seen as a State obligation, even though there is a legal duty to provide healthcare to the population<sup>1,2</sup>.

Administrative measures are applied across

different levels of SUS management<sup>3,6,9</sup>; however, few address the valuation of workers, such as offering attractive salaries, improving working conditions, restructuring career, reorganization workloads, providing fair compensation, or reducing exposure to media and users. Health professionals work in units as individuals, not as representatives of the State<sup>3,6,14</sup>.

NHP measures have been introduced in maternity hospitals, primary care units, and hospitals, including technical and professional training, retraining courses, lectures, and discussions<sup>5,6,18</sup>. Nevertheless, none of the references cited addressed improvement in working conditions, and these initiatives are absent from implementation guidelines<sup>3,6,18,19</sup>.

Studies on professional stress, emotional health, and burnout syndrome in healthcare units, particularly related to bureaucracy and multidisciplinary team dynamics have been published<sup>12,19,24</sup>.

The humanization process from the perspective of public health system managers was evaluated, emphasizing the responsibility of professionals for care and information transmission<sup>3</sup>. The study identified six axes of the humanization process: quality of the interpersonal relationship between professionals and users (care based on empathy, listening, respect, and reception); recognition of rights of the user (often interpreted differently); democratization of power relations between professionals and users; demedicalization model of labor and birth care; initiatives to promote bonding between family, mother and newborns to reduce neonatal stress; and valuation of health professionals<sup>3</sup>. This reflects an evaluation distinct from health professionals, focusing on the satisfaction level of users without assessing the quality of care<sup>3</sup>. Additionally, little emphasis was placed on professional valuation, as a minority of interviewees expressed concern about this issue, and measures taken were immediate and short-term<sup>3</sup>.

Professional devaluation reached alarming levels, as observed in public examinations, in which mid-level professionals often receive higher salaries and a well-established career plan.

The lack of resources in public health units is well-documented, ranging from basic supplies to complex equipment. Managers rely on moral and ethical values of professionals to prevent refusal of care, thereby transferring the responsibilities and reinforcing stressful conditions.

The Ministry of Health, the State, or munic-

## POINT OF VIEW

ipalities do not offset the excessive responsibility of health professionals at different levels of care, whether through financial recognition or valuation of work, as reflected in salary policies of these categories. Immediate consequences are departing between professional and users, difficulties in engaging in educational programs, and the implementation of management measures. Thus, reduced professional performance, increased absenteeism at work, and bureaucracy move them away from direct assistance, which are contrary to NHP goals<sup>1</sup>.

## CONCLUSION

Health professionals are a priority in the implementation of NHP; however, their valuation is treated as secondary. Thus, the implementation of HumanizaSUS has been marked by delays and mismanagement, hindering the objective of humanization in the Unified Health System.

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