ABSTRACT

Objective: To study whether humanization is taught in college disciplines as part of the syllabus of nurse training courses in the city of São Paulo. Methods: The sample comprised 13 higher education institutions, totaling 588 disciplines. The education programs of nursing curricula from the institutions recognized by the Ministry of Education and Culture until May 2006 were used as reference. Results: Terms referring to humanization were encountered in 59%, indicating that it could be taught at these institutions. Only one institution, however, was able to offer any teaching on humanization in the subjects Philosophy (to define the dimensions for defining humanization) and Philosophic Anthropology (applying these definitions to specific healthcare situations). The latter discusses social roles, suggesting that supremacy of social roles prevails over inter-subjectivity, or inter-subjectivity operates notwithstanding social roles. Conclusion: Nursing undergraduate programs in the present study tended to be ambiguous, most contained terms related to humanization, but few presented this theme consistently.

Keywords: Humanization of assistance; Education, nursing; Education, higher; Curriculum

INTRODUCTION

The term humanization recurs in scientific papers on healthcare, in debates on hospital care, ethics, technology, healthcare policies, and the relation between healthcare professionals and people seeking their services.

Descriptions of factors that foster humanization or dehumanization in healthcare have been around since the mid-50s(1). The first efforts for defining these terms date from the 70s, and came from North American medical sociology(2).

Initial moves towards the terms humanization and dehumanization were based on the premise that human being have biological and physiological needs, and that attitudes geared to meeting them were seen as

This article was based on the master’s degree dissertation “O ensino da humanização nos currículos de graduação em enfermagem”, presented at Escola de Enfermagem of Universidade de São Paulo, in 2007.
humanized, whereas actions that ignored these needs were considered as dehumanized care. Recognizing only biological and physiological needs, however, is not enough to completely meet the needs of human beings. Thus, psychological needs were proposed, as they are self-expression and self-respect, affect, sympathy and social relationships. As a result of this, it became harder to assess the presence or lack of humanization in care, since there is no universal human being, given that values are both individual and cultural. Notwithstanding these peculiarities, the context of care is always interactional.(3)

The term humanization is currently applied to those contexts, in which not only the technical and scientific aspects of care are practiced, but also the rights(4-5), individuality(6), dignity(5,7), autonomy and the subjectivity(8) of patients are attended to, without forgetting to recognize healthcare professionals as human beings; this assumes, therefore, a subject/subject relation(1,9-10).

In terms of humanization, there appears to be a consensus that subjects are the central issue, persons seeking healthcare; thus, humanized healthcare is that which is personalized. Additionally, any type of healthcare implies in relations among people: in this case, between healthcare professionals and patients. A subject-to-subject relation is established when healthcare professionals are considered as subjects; the quality of this interaction will define it as humanized or not(11).

In this study, the term humanization in healthcare was conceived as an encounter between subjects in and through the act of caring, a meeting of subjectivities. This definition is notably in line with that of the Ministry of Health(12). A living inter-subjectivity in healthcare will establish a relational space(13). In such a relational space there is room for technical expertise and interactional competency in the healthcare professional as a subject.

Such interactions should be understood more amply so that healthcare professionals may expand the meaning of what it is to be human, perceiving and understanding themselves and others as subjects. The difference between a healthcare professional and a person seeking for health services is that the latter requires care, while the former – with knowledge and expertise acquired during training – has chosen to be the caregiver.

College curricula for future healthcare professionals have placed little value on content pertaining to humanization of healthcare, at the same time placing excessive value on technical expertise, which focuses exclusively on the biological aspects of human beings(14).

The learning and practice of healthcare requires both technical knowledge of biology and an understanding of concepts and values that require moving towards the humanities(15).

A curriculum is a selective project with content organized sequentially; it includes practical and discursive fields. It is a selective and ideological project built within a cultural, social, political and administrative context; it is implemented depending on the possibilities of any given school(16).

A written curriculum for healthcare professionals is defined as a structured plan with content elaborated according to official documents that prescribe what is to be taught in their training process(17).

Curricula reflect the worldview and perception of human beings of their designers. They may, thus, become predominantly either technical or humanistic(18). According to this particular author, technicism means a biology-focused curriculum in which pedagogic projects focus on the biological aspects of human beings and intervention techniques. Humanistic curricula, also according to this author, subjects are central, and not only their biological bodies. The way how such a humanistic content becomes action is not clarified in the article.

A written curriculum is not the only document that represents the training intentions of future nurses; classroom experiences and internships are also important. It is, however, valid to assume that such a document has a significant influence on the content that will be taught during the training of nurses.

According to the growing interest for the humanization theme and the need to qualify health intervention, curriculum is understood here as a pedagogic project for a course, the programs of all subjects or disciplines that it comprises and its structure. It also includes a chart presenting the names of subjects and the number of hours of each discipline offered in the course. The pedagogic project includes the principles, mission and ideas of each higher education institution (HEI). The programs of each subject or discipline consist of objectives, content, teaching method, number of hours, assessment, and references.

Since the ideas and principles of each HEI are made concrete through the prioritized content of the disciplines and the structure of these in a curriculum, it was decided to analyze the programs of all disciplines that comprise the curriculum of nursing undergraduate course in the city of São Paulo.

**OBJECTIVE**

The purpose of this study was to investigate the presence of educational content suggesting that humanization
Teaching humanization in undergraduate nursing education programs

METHODS

Type of study

A descriptive cross-sectional study consisting of document analysis.

Site and object of study

This study was undertaken in São Paulo; the reference material consisted of the programs of all the disciplines that comprise the curricula of nursing undergraduate courses. All HEI that were registered in the Ministry of Education and Culture (MEC) until May 2006 were included. The data were gathered by accessing the site of the Instituto Nacional de Pesquisas e Estudos Educacionais (INEP).

Study material

At the time the INEP site was consulted, there were in São Paulo one federal, one state, and 40 private HEIs offering an undergraduate course on Nursing. The data were gathered by accessing the link Cadastro da Educação Superior under the item: advanced survey per course. The fields were filled in respectively with the following data: Southeast region, São Paulo state, São Paulo city, undergraduate course, Nursing. This consultation brought up 43 HEIs one of them was excluded, since it was located in Bragança Paulista.

It was noted that INEP counted 42 HEIs in São Paulo; when a HEI had a course in more than one campus, INEP considered it as a different HEI. As the focus of the present study was to study the curricula of Nursing undergraduate courses, and knowing that HEIs could provide this course with the same curriculum in more than one campus, a total of 26 HEIs was considered.

After contacting the HEI, it was found that two of them had cancelled the Nursing courses. Thus, there were 24 different nursing curricula in the city of São Paulo. All 24 HEIs were contacted, of which 13 decided to participate in the study: one federal institution, one state institution, and 11 private institutions; these were identified with capital letters from A to M.

The inclusion criteria for curricular were: belong to a HEI located in the city of São Paulo; HEI accredited by MEC; HEI accepting to participate; HEI providing a copy of the pedagogic project and the programs of all disciplines or subjects of the course.

Data gathering procedure

A copy of the study project was forwarded to all HEIs above-mentioned on July 2006, with a letter containing the objectives and importance of the study. The HEIs gave or not their consent to participate in the study from July 2006 to February 2007.

Consultation of the material started on August 2006 and ended on February 2007.

Data gathering tool

It was used to characterize and classify each discipline, according to the following items: name of the discipline (subject), hours, type of knowledge, requirements, semester in which the subject was given.

Name of the discipline/subject and number of hours

Comparing curricula with discipline programs revealed that not always there was compatibility among them. Knowing that programs may be updated more often than the curriculum itself, we chose to take into account program data when there were conflicts.

Types of knowledge

This classification was based on the objectives, content and pedagogic method of the programs for each discipline.

If a discipline program had no content or objective, or if the content depended on student demands, this item was defined with the term impossible to classify; it was then excluded from further analyses.

Data tabulation procedure

All discipline programs were initially read in search for explicitly or implicitly related terms to the meaning of humanization as defined in this study. These terms were next conceptually confronted, both philosophically and semantically, to validate their correlation with the meaning of humanization as defined in this study. Terms meeting these requirements were considered as correlated to the term humanization, and were used as the basis for selecting disciplines at a later time.

At the same time, all disciplines were classified as belonging to basic sciences (humanities, or not) or applied sciences (nursing, or not). Disciplines classified as basic sciences unrelated to humanities and applied sciences unrelated to nursing were discarded. The remaining disciplines were read again to select only those with at least one correlated term or the term
humanization itself in its programs. There were 349 disciplines that met these requirements.

The mentioned programs were read to check whether the selected terms truly matched the humanization concept elected for this study. This definition comprises four dimensions, to attain intersubjectivity used for indicating compatibility: subject features (what); construction of subjectivity (how subjects are constructed); expression of subjectivity (how subjects express themselves); meetings among subjects (I and the other). Disciplines comprising these four dimensions were classified as fully compatible; those including one to three were classified as partially compatible; and those that comprised none of them were classified as not compatible.

In cases suggesting that the content was to be found in the references, including the title, the researchers verified the material to validate or not this suggestion.

Correlated words to the term humanization
Correlated words to the term humanization were those that in philosophy or semantics carry a definition that overlaps the concept of humanization as described here. This does not mean that these terms were used based on these definitions in the programs of the disciplines that were investigated in this study. This issue was raised later in this study.

The terms were as follows: humanized, humanistic, humanist, humanizing, subject(s), right(s), duty(ies), responsibility(ies), autonomy, freedom, trust, respect, independence, dignity, subjectivity, intersubjectivity, relation(s), interpersonal, relationship(s), communication, individual, individually, individuality, individualized, person, integral, integrated, integrality, psychosomatic, holistic, holistically, ethical, biopsychosocial, bio-socio-psycho-spiritual, bio/psycho-socio-spiritual, bio/psycho and social, recognize, assistance, assist, bioethics, care, caring.

Data treatment
Data were dealt with and presented according to absolute (n) and relative (%) frequencies.

Ethical issues
Based on the Regulation n. 196/96 of the National Health Council, this study did not require approval by a Research Ethics Committee, since no human beings were involved; however, deferring to the participating HEI, it was chosen to submit the study to the Research Ethics Committee of Escola de Enfermagem of Universidade de São Paulo, which duly accepted the study.

RESULTS
Using as a reference the presence of terms related to humanization, it was found that the HEIs, except for HEI K (32%) and M (43%), had a higher percentage of disciplines containing one or more of the terms, compared to those that did not; these percentages ranged from 54 to 74% (Table 1).

Table 1. Presence of any term related to humanization in disciplines per IES

<table>
<thead>
<tr>
<th>IES</th>
<th>Disciplines with some term related to humanization</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>A</td>
<td>24</td>
<td>62</td>
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<tr>
<td>B</td>
<td>28</td>
<td>62</td>
</tr>
<tr>
<td>C</td>
<td>25</td>
<td>54</td>
</tr>
<tr>
<td>D</td>
<td>36</td>
<td>60</td>
</tr>
<tr>
<td>E</td>
<td>40</td>
<td>68</td>
</tr>
<tr>
<td>F</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>G</td>
<td>22</td>
<td>63</td>
</tr>
<tr>
<td>H</td>
<td>19</td>
<td>54</td>
</tr>
<tr>
<td>I</td>
<td>23</td>
<td>62</td>
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<tr>
<td>J</td>
<td>23</td>
<td>62</td>
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<tr>
<td>K*</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>L</td>
<td>48</td>
<td>74</td>
</tr>
<tr>
<td>M</td>
<td>15</td>
<td>43</td>
</tr>
</tbody>
</table>

Table 2 shows that disciplines lacking compatibility with the humanization concept predominated, followed by those that partially contemplated this definition in all, HEIs except for HEI H. This school had the same percentage of disciplines in both classifications.

Table 2. Conceptual compatibility of the disciplines with the definition of humanization

<table>
<thead>
<tr>
<th>IES</th>
<th>Compatibility</th>
<th>Impossible to compare the concept</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>B</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>C</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>D</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>E</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>F</td>
<td>1</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>G</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>H</td>
<td>1</td>
<td>6</td>
<td>9</td>
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<td>K</td>
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<td>L</td>
<td>4</td>
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<td>10</td>
</tr>
<tr>
<td>M</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>3</td>
<td>97</td>
</tr>
</tbody>
</table>
Only 3% of all disciplines containing any term related to humanization were fully compatible with the definition of humanization. These were distributed among 7 of 13 HEIs (A, B, D, F, H, J and L).

Table 3 shows that only the HEIs A and L contained basic sciences disciplines of humanities and applied sciences for nursing that were fully compatible with the humanization concept.

Understanding of the humanization concept by HEI that comprised basic sciences in humanities and applied sciences for nursing that were fully compatible with the humanization concept

HEI A
Philosophical anthropology
Basic science of humanities, offered in the third semester. It deals with the four dimensions of the humanization concept, and defines man and subjectivity, focusing on an encounter between two individuals in an ethical relationship.

Introduction to Psychology
Applied science to nursing, offered in the first semester. It deals with the four dimensions that define humanization, focusing them to specific situations in the process of developing disease and cure. Encounters among subjects are social meetings between a nurse and a patient. This discipline is offered before Philosophical Anthropology; their content did not appear to be related.

HEI L
Philosophy
Basic science of Humanities; offered in the first semester. Defines the four dimensions comprising the humanization concept.

Philosophical Anthropology
Applied science to Nursing, offered in the third semester. It deals with the four dimensions comprising the humanization concept, focusing on encounters among subjects within a given healthcare relationship. Subjects are healthcare professionals and patients. References in common with Philosophy and the time sequence for both disciplines suggest a correlation, as follows: Philosophy provides the humanization theory, while Philosophical Anthropology teaches how to apply that theory in given healthcare situations.

Although the references were common with Philosophy, approaches to subjects differed. Philosophy mentions individual subjects, while Philosophical Anthropology is about social subjects. Such diversity suggests that either psychological or social subjects are poorly defined or that there is a conceptual progression starting with an individual subject (Philosophy) and progressing to social subjects (Philosophical Anthropology). In other words, encounters among subjects take place as social roles during healthcare, without neglecting their subjectivity.

Ethics in Nursing II
Applied science to Nursing, offered in the fifth semester. It applies the four dimensions of the humanization concept to specific health-associated situations in which meetings among social subjects (nurse and patient) take place.

Ethics in Nursing III
Applied science to Nursing; offered in the eighth semester. It focuses the four dimensions of the humanization concept on encounters among social subjects (nurse and patient). Such encounters are analyzed within a perspective of ethics.

DISCUSSION
Curricula are inserted in social contexts, thus affect and are affected by such contexts, especially in the attitudes of professionals thereby trained.

The National Guidelines for Nursing School Curricula(20), which lead schools (IES) for writing their curricula, have used imprecise and poorly defined terms; thus, each school has interpreted these terms from their own perspectives. This is the case of the term humanist in the description of a graduating professional (“nurse with humanist education”). The Guidelines above belong to a social context within which IES throughout Brazil insert themselves. Incorporating content referring to the above-mentioned term in curricula may occur by desirable rules of conduct for dignified care, or by only including theoretical content in human sciences, or both, to train professionals with theoretical consistency about human issues and how this content will be applied in daily practice.
The Ministry of Health, by defining the term humanization in one of the documents of the National Humanization Policy (PNH), has included subjectivity of healthcare professionals and patients, similar to the concept defined herein\(^{(12)}\). Thus, incorporating the PNH in undergraduate curricula appears to be a significant step towards humanizing healthcare. However, no discipline or subject in this study contained or referred to this document in its references. Furthermore, 11 of the 13 HEIs—exceptions were HEIs D and M—had written their curricula after the PNH had been published.

Indications that humanization was taught in most of the disciplines were found, since over half of these contained one of the terms associated with humanization.

Benevides and Passos\(^{(21)}\) have stated that humanization in healthcare teaching is a fashion, since the term was introduced without any qualification of inter-human relationships taking place in that context, which is exactly the purpose of humanization. These authors appear to use the term fashion as meaning anything with appearance, but no consistency.

Fashion, however, is not the same as inconsistency. Fashion and inconsistency are different terms that may or may not run together. Fashion is the set of habits, attitudes and opinions that predominate in society at a given moment \(^{(22)}\); inconsistency is lack of content, intellectual or theoretical underpinnings\(^{(23)}\). The fact that the term humanization, or any correlated term, is used frequently in scientific papers, in healthcare, and in the programs of disciplines as seen in this study, enables us to state that there is interest in including this term in the teaching and practice of healthcare. Its use, however, does not necessarily establish the level of consistency with which the theme will be approached.

There is a long path from using the term humanization and changes in healthcare; such changes require consistency, learning and using this knowledge in a given reality. Use of the term may be without meaning. In this case, there will be no learning about humanization, which in turn results in no practical change in healthcare. Consistency opens the possibility of learning about humanization; if theory is not translated into attitudes, however, change in healthcare is not possible. Thus, it is clear that the concept in itself is not enough to yield practical results, but it is a necessary requirement to start this process.

Although most of the disciplines evaluated in this study contained a term related to humanization, few were approached with theoretical consistency; in other words, fully compatible with the humanization concept. This finding, added to the fact that most of the disciplines contained some term related to humanization, suggests an intention to add humanization-related content in nursing curricula, even when not including consistent content to teach humanization.

According to Vygotsky\(^{(24)}\), human intellectual development in life involves many mental processes that start in infancy and reach concept formation in adolescence. Concepts are “cultural constructs, internalized by individuals throughout their development process”\(^{(25)}\).

It is important to note that although the word concept was used synonymously with the definition in this study, Vygotsky\(^{(24)}\) speaks about concept as an intellectual development process for which verbal definition is essential.

The word is recognized as a fundamental component for guiding concept formation. Concepts that may be expressed in words following human experiences are spontaneous or daily ideas, whereas words in scientific concepts initiate a mental representation process\(^{(24)}\).

In formal education, “when a curriculum provides the necessary material, scientific concepts develop further than spontaneous concepts”\(^{(24)}\). Thus, if insufficient content is provided for developing more elaborate scientific concepts, as happened in 6 of 13 IES in this study, spontaneous or common sense scientific concepts prevail.

Based on these assumptions, from Vygotsky’s\(^{(24)}\) theory, for formal learning of humanization to occur – forming a formal scientific concept of humanization – a verbal definition of humanization and its application to a given healthcare reality are essential. Thus, forming a scientific concept requires two steps: definition and application.

HEIs that truly wished to teach humanization should offer basic science disciplines in the humanities that could offer all dimensions of a definition and conceptualization of humanization, as well as applied science discipline(s) for nursing, aiming to apply these theoretical concepts in a given healthcare reality. Only HEIs A and L provided education for forming a scientific concept of humanization.

It would also be necessary for basic science disciplines in the humanities and applied sciences to Nursing, defined according to the definition of humanization, be articulated, otherwise there would be no possibility of forming the concept of humanization. In this sense, HEI A appears to make it impossible for this concept to form. The discipline Introduction to Psychology in applied science to Nursing was given before the discipline Philosophical Anthropology in basic sciences for the humanities, which runs against Vygostky’s\(^{(24)}\) theory. Furthermore, the discipline Introduction to Psychology focuses the dimensions for defining humanization on specific situations of becoming ill and being cured.
showing that the emphasis is on the disease rather than in the subject.

Although HEI L had four disciplines fully compatible with the definition of humanization, only the disciplines Philosophy (basic science for the humanities) and Philosophical Anthropology (applied science to Nursing) provided the scientific concept and, therefore, the learning of humanization. Learning here is possible because the discipline Philosophy conceptually introduces the dimensions required for a definition of humanization; and Philosophical Anthropology applied these dimensions to a given healthcare reality. These two disciplines shared common reference texts; furthermore, a basic science for the humanities discipline is provided before an applied science to Nursing discipline, according to Vygotsky’s theory on the formation of scientific concepts. Two issues may compromise the possibility of teaching humanization in the mentioned situation. To begin with, although Philosophical Anthropology was considered an applied subject, the means for using concepts in a real life situation were not made clear. Secondly, a difference in these two disciplines was that Philosophy presented focused on a subject, whereas Philosophical Anthropology focused on a social role.

Social roles arise from common systems, allowing members from a society to automatically develop certain acts to coalesce into new projects and ideas. Roles include a loss of social relations in their structure. In developing pertinent actions to assumed roles, human beings are not required to show themselves as subjects, which may lead to lack of self-knowledge and awareness of others, thus reinforcing the behaviors required for those roles.

Considering humanization in healthcare as an encounter between subjectivities, it would be more appropriate to also speak of a relationship between subjectivities, not only between social roles, when mentioning the relation between subjects in this process. In establishing automatic behaviors based mostly on social roles, the quality of healthcare relations may be lost, making it difficult for subjects to express themselves; this, of course, is essential for humanized care.

The social role is part of healthcare; it may become humanized if the social role is not confused with subjectivity. Ignoring this fact could result in restrictions of individuals in their social roles, excluding the possibility of encounters between subjectivities.

Although the program of the discipline Philosophical Anthropology (HEI L) described it as applied science to Nursing, with an exclusively theoretical workload, it could foster the application of humanization to a given healthcare reality by means of reflection, but not direct use; this would suggest that humanization was a secondary aspect of healthcare work.

Also in HEI L, the disciplines Ethics in Nursing II and Ethics in Nursing III, both of which were completely compatible with the definition of humanization, belong to the area of applied science to Nursing. Apparently, however, they do not apply the content provided in the discipline Philosophy, thereby not meeting Vygotsky’s assumptions.

One of the major limitations of this study was the absence of references in the literature about the theme Nursing education and humanization, for a dialogue with the results of the present study. Additionally, document analysis was also limited, making it difficult to glimpse the intention and practical expression of these documents in use.

CONCLUSION

Discipline or subject programs in nursing undergraduate courses, as analyzed in this study, revealed ambiguous tendencies when dealing with the theme humanization: at the same time that most disciplines contained some term related to humanization (59%), a minority of them did so consistently (3%). Only the disciplines Philosophy and Philosophical Anthropology (HEI L) were able to provide education in the scientific humanization concept, fulfilling the goal of formal education, namely to change or improve common sense concepts; in the case above, doing so with the concepts of humanization.

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