# HUMANIZATION: THE POSITIVE CHANGE THAT NURSES CAN BRING TO THE PATIENT'S LIFE

Elda Garbo Pinto<sup>1</sup> Cinthia Aguiar Sanches<sup>2</sup> Elcie Aparecida Braga de Oliveira<sup>3</sup> Paula Gomes da Silva <sup>4</sup> Katia Cristina dos Santos Darruiz<sup>5</sup> Anelvira de Oliveira Florentino<sup>6</sup> Natanael da Costa<sup>7</sup> Chilerne Lopes<sup>8</sup> Cláudia Rosana Trevisani Corrêa<sup>9</sup> Cássia Marques da Rocha Hoelz<sup>10</sup>

**Abstract:** Introduction: Humanization in nursing care has gained prominence as an essential strategy to improve the quality of healthcare services. The practice of humanization considers not only the technical aspects of care but also the emotional, social, and spiritual elements of the patient, promoting a more comprehensive and personcentered approach. Objectives: To analyze the contributions of humanization in emergency, urgent care, and intensive care services, highlighting its positive impacts

2 Nursing student, Unisagrado

- 4 Master in Dentistry, Unisagrado
- 5 Specialist in Neonatal ICU and Teaching for Higher Education, Faculdade Integradas de Jhau
- 6 PhD in Nursing, Itapetininga, Sao Paulo, Brazil, Paulista State University (Unesp)
- 7 Master's student in Nursing, São Paulo State University (Unesp)
- 8 Specialist in Urgency and Emergency, Degree in Acupuncture, University of the Sacred Heart (USC)

9 PhD in Public Health, São Paulo State University (Unesp)

10 Master in Nursing, São Paulo State University (Unesp)



<sup>1</sup> Master in Nursing, São Paulo State University (Unesp)

<sup>3</sup> Master's student in Nursing, University of São Paulo Ribeirão Preto (USP)

on patients' lives and nursing practice. Methodology: This is a type of bibliographic study, with a descriptive methodological approach, with searches in health databases. The sample consisted of eight articles selected and reviewed between August and October 2024.Results: The analysis of the research indicates that humanization, when systematically applied, produces significant outcomes, such as strengthening the bond between nurses and patients, improving the quality of care, and enhancing user satisfaction. However, challenges were also identified, including a lack of resources and training, which hinder the full implementation of this approach. Humanization involves not only adhering to policy guidelines but also adopting compassionate practices, effective communication, and holistic care, factors that make the hospital environment more welcoming and efficient. Final Considerations: Despite the obstacles encountered, humanization has the potential to transform the patient experience and improve the quality of work for nursing professionals. Continuous efforts are essential to strengthen this approach in various healthcare contexts.

Keywords: nursing; care; humanization; impact.

### **INTRODUCTION**

Humanization in the field of nursing is a comprehensive process that transcends merely technical interventions, and is located at the core of care practice. It involves the establishment of a genuine relationship between the health professional and the patient, based on ethical and moral values that value respect for individuality, dignity and human rights (Calegari; Massarollo and Santos, 2015).

In this context, the nurse assumes a central role by being the closest and most constant link in patient care, acting as a bridge between biological and emotional needs. The humanization process includes the nurse's ability to understand the patient not only as a sick body, but as a complete human being, with history, emotions, fears and expectations (Calegari; Massarollo and Santos, 2015).

The presence of a humanized approach can directly impact the patient's experience in



situations of vulnerability, such as prolonged hospitalizations, invasive procedures, and serious diagnoses. Studies reveal that when nurses are willing to actively listen to patients, to create an environment of welcome and trust, the recovery process tends to be faster, more efficient and with less suffering. More than that, humanization unfolds in tangible effects such as a reduction in anxiety, stress and depression rates among patients, as well as greater adherence to the proposed treatments and a decrease in the need for medication for pain and insomnia (Nórdio; Mendes, 2021).

However, the practice of humanization is not limited to direct interaction with the patient. It requires a structural and cultural change within health institutions, which must create conditions for professionals to act in a humanized way, without the excessive pressure of exhausting routines and an often impersonal and fragmented system. For nurses to be, in fact, agents of positive transformation, it is necessary to receive institutional support, continuous training and that the work environment favors the application of empathetic practices (Silva, 2014).

In this context, How can the implementation of humanized practices in nursing improve patient experience and clinical outcomes in different care settings?

This study seeks to deepen the understanding of how humanization, when properly implemented by nurses, can represent a significant change in the lives of patients, contributing not only to more effective clinical results, but also to the promotion of more ethical care committed to integral well-being.

### GOALS

To analyze the role of humanization in nursing practice and its influence on the promotion of a more efficient, welcoming health care centered on the integral needs of the patient.

To identify the main humanization practices adopted by nurses in the daily care of patients.

To evaluate the effects of humanization on strengthening the nurse/patient relationship and increasing treatment adherence.



Propose strategies to overcome the challenges encountered in the implementation of humanization in hospital and clinical environments.

# THE IMPORTANCE OF HUMANIZATION IN NURSING: PRINCIPLES AND BENEFITS FOR THE QUALITY OF CARE

Humanization in nursing is a concept that is gaining more and more prominence in the context of health care, being considered one of the fundamental pillars to ensure quality, patient-centered care. Humanization involves the application of ethical and moral principles that value dignity, respect, empathy, and solidarity, recognizing the patient as an integral human being, with physical, emotional, social, and cultural needs. This approach goes beyond the technical and protocol practices of the profession, rescuing the essence of care as a relationship of proximity and mutual support (Rocha; Andrade, 2017).

The principles of humanization, such as empathy, welcoming, and active listening, are fundamental to creating an environment of trust, valuing the patient in their uniqueness. These principles facilitate effective communication, allowing the nurse to act as a provider of physical care and emotional and psychological support. In addition, humanization respects the patient's autonomy, encouraging their active participation in the treatment, which increases the feeling of control and adherence to treatment (Oliveira; Perez, 2023).

Humanized care improves the quality of care, as patients who feel welcomed tend to have better therapeutic results. Studies show that humanization reduces stress and anxiety, favoring recovery. The humanized posture of the nurse creates a positive therapeutic environment, facilitating healing. In addition, emotionally safe patients report lower pain perception and higher satisfaction, resulting in a more positive hospital experience and better clinical outcomes (Batista, 2020).

In addition to the benefits for the patient, humanization also positively impacts nurses and the health team. Professionals in environments that value humanization tend to feel more fulfilled



and motivated, reducing stress and improving team dynamics. Thus, humanization promotes the well-being of both patients and professionals, creating a more harmonious and collaborative work environment (Alves, 2023).

# TO EVALUATE THE EFFECTS OF HUMANIZATION ON STRENGTHENING THE NUR-SE-PATIENT RELATIONSHIP AND INCREASING TREATMENT ADHERENCE

The nurse-patient relationship is essential for the quality of health care and is profoundly influenced by humanization. By strengthening this relationship, humanization promotes trust, open communication, and a therapeutic bond that facilitates adherence to treatment. When nurses act in a humanized way, respecting the emotional, psychological and social needs of the patient, they create an environment that encourages the patient's engagement in their own healing process (Pereira, 2015).

Humanization strengthens the nurse-patient relationship by creating an environment of trust, where the patient feels heard and valued. By practicing active listening and demonstrating empathy, the nurse provides the patient with security, reducing fear and anxiety common in hospital environments. This bond of trust encourages the patient to express doubts and concerns, allowing for a more accurate and personalized approach. Trust also increases the patient's commitment to the treatment, making them feel like an active part in decision-making about their health (Guillaumie, et al., 2022).

Humanization facilitates effective communication, which is essential for therapeutic success. By explaining the diagnosis, procedures, and treatments clearly, the nurse helps the patient understand their condition and the importance of following medical guidelines. This reduces communicative barriers that can cause confusion and lack of adherence to treatment. Patients who understand their health and the benefits of treatments well are more collaborative and become active partners in managing their own health (Ribeiro, 2023).

A crucial aspect of humanization is the emotional support that nurses provide. Patients often



feel vulnerable and fragile during treatment or hospitalization, and emotional support from the nurse can be essential for treatment adherence. When patients feel that their emotions are validated and given help to cope with stress and fear, they tend to be more motivated to follow treatment appropriately. This humanized emotional support improves psychological well-being, reducing depression and anxiety, factors that can impair treatment adherence (Nascimento; Lima and Passos, 2023).

Humanized nursing practice strengthens the nurse-patient relationship and positively impacts clinical outcomes. Patients who establish a close bond with their nurses tend to better adhere to medications, therapies, and treatment routines, resulting in more favorable health outcomes.

Humanization creates a welcoming environment that increases the patient's commitment to therapeutic recommendations. Studies show that trust and mutual respect in a humanized relationship reduce non-adherence, improve health indicators, reduce complications, and shorten hospitalization time (Santos, 2019).

# CHALLENGES AND STRATEGIES FOR THE IMPLEMENTATION OF HUMANIZA-TION IN NURSING PRACTICES

Although humanization in nursing practices is recognized for improving the quality of care, its implementation faces significant challenges. These obstacles are linked to structural, organizational and cultural factors in health institutions, in addition to working conditions and the training of nursing professionals. For humanization to become a sustainable practice, it is essential to understand these barriers and develop strategies to overcome them (Silva, et al., 2024).

One of the main challenges is the work overload of nurses, caused by exhausting working hours, reduced teams and constant demands. This pressure limits the ability of professionals to dedicate time and individualized attention to each patient, often transforming interactions into technical and operational acts. As a result, welcoming and empathy, which are crucial for humanization, end up being compromised (Alves, et al., 2015).

ISSN: 2763-5724 / Vol. 04 - n 06 - ano 2024



Another important challenge is the lack of specific training for humanized practices. Although humanization is addressed in theoretical training, its practical application is not always well developed. Technical and protocol training, although essential, often predominates over the development of emotional and communicational skills (Bôas, et al., 2017).

Culturally, humanization may face resistance within health institutions. In environments with an organizational culture focused on efficiency and quick results, humanized care can be seen as secondary or an obstacle to workflow. The absence of institutional policies that promote humanization reinforces this view, leading nurses to prioritize automated and impersonal tasks instead of individualized and attentive care (Giordani, 2015).

To promote the effective implementation of humanization in nursing practices, it is essential to readjust working conditions, reducing overload and increasing the number of teams. This will allow nurses to spend more time interacting with patients. In addition, investing in efficient human resource management to balance tasks and provide adequate support will help alleviate employee fatigue (Silva, 2019).

Continuous training is also crucial; training programs focused on emotional and communication skills, such as active listening and empathy, should be integrated into hospital routine to ensure that professionals develop the confidence necessary for a humanized approach, even under pressure (Dias, 2023).

In addition, it is crucial that institutions promote a culture that values humanization as part of the quality of care. This can be done through policies that recognize and reward humanized practices and by including humanization indicators in performance evaluation. Encouraging humanization as an institutional value helps to create a more welcoming and collaborative environment (Silva; Chagas, 2020).



### METHODOLOGY

This is a detailed literature review on the theme "Humanization: The positive change that nurses can bring to the patient's life". This review will be conducted in a systematic and comprehensive manner, with the aim of exploring humanized practices in nursing and their influence on patient care and recovery. To ensure the accuracy and relevance of the results, rigorously defined steps will be followed, from the search and selection of studies to the critical evaluation of the findings.

Initially, a thorough search was carried out in several recognized databases, such as PubMed, Scielo, LILACS, ScienceDirect and Google Scholar, in order to identify relevant studies published in the last 10 years. The search was refined using Boolean operators such as "AND", "NOT" and "OR", and the main search terms will include "Nursing", "Care", "Humanization" and "impact". Books, dissertations and reports from health institutions that address the theme of humanization in the hospital environment were also consulted.

The selection of studies was carried out carefully, based on previously defined inclusion and exclusion criteria. Studies that specifically investigate the impact of humanized practices on the nurse-patient relationship and treatment adherence were considered, in addition to the emotional and clinical benefits that result from these interactions. Priority was given to studies that analyzed in detail the application of humanization in different care contexts and its consequences for the well-being of patients, as well as those that presented comparisons with more traditional approaches to care. The exclusion criterion for the studies was for those that did not directly address humanization in nursing, that were not available in full, or that did not meet the established quality criteria.

After selecting the studies, a critical evaluation of the evidence obtained was carried out, with the aim of synthesizing the main findings and identifying trends, gaps, and limitations present in the literature. Potential biases and factors that may interfere in the results of the studies were investigated, seeking to understand the practical implications of humanized practices in nursing. In addition, the impact of humanization was discussed both in improving clinical outcomes and in increasing patient



satisfaction and emotional well-being.

This literature review aims to provide a comprehensive and up-to-date view of how humanization can positively transform nursing care. By analyzing humanized practices and their impact, it is expected to offer valuable contributions to the development of strategies that promote more empathetic, efficient care centered on patients' needs, emphasizing the fundamental role of nurses in promoting a more welcoming and humanized care experience.

### FINDINGS

The results of the research were obtained from systematic searches carried out in the main databases relevant to the theme of humanization in nursing. Using the previously mentioned descriptors, 62 articles were identified distributed among the PubMed (11 articles), LILACS (43 articles), Scielo (3 articles), ScienceDirect (5 articles) databases, and along with the help of the Google Scholar search engine.

After the initial reading of the titles, 6 articles were excluded because they were repeated in more than one database, resulting in a preliminary sample of 56 articles. Then, a more detailed analysis was carried out, with the application of the inclusion and exclusion criteria. Review articles and those written in languages other than Portuguese, Spanish and English were excluded, which reduced the number of relevant studies to 21 articles.

The full reading of the 21 selected articles was then conducted, and, based on methodological quality and relevance to the research objective, 8 articles were finally included in the integrative review. These 8 articles provided the basis for an in-depth analysis of the effects of humanization on nursing care, addressing issues such as the impact on the nurse-patient relationship, treatment adherence, patients' emotional well-being, and improvements in clinical outcomes. (Figure 1)



Figure 1. Flowchart of the selection of articles for the elaboration of the integrative review. Bauru, SP,

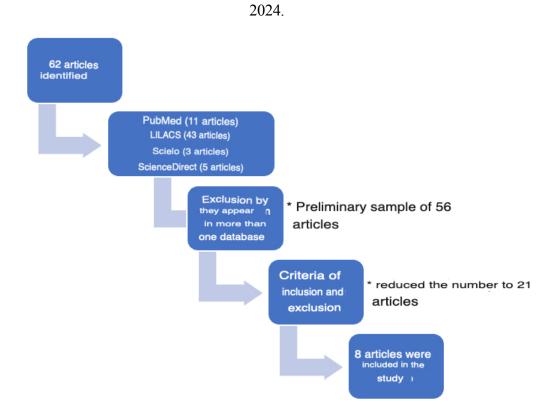


Table 1 describes the search process in the databases, with a description of the findings, those excluded, and which articles remained.

Database	Articles found	Studies included after	Studies selected
		reading the titles and	after full-text
		abstracts	analysis
PubMed	11	3	2
LILACS	43	12	4
Scielo	3	2	2
Science Direct	5	1	0
Number of	62	17	8
studies included			
in the work			



# Source: Prepared by the authors.

Article Title	Author	Goals	Findings
Humanization	SHAH	Analyze the evidence	The search resulted in a total of 133 publications, 17 of
in urgent and	et al., 2019.	of the	which were included in the scope of this review. The analysis
emergency services:		research developed	enabled the elaboration of the units of evidence: Reception
contributions to		on humanization	with risk classification: device with good results and Barriers
nursing care		in urgent and	and difficulties for the use of the guidelines of the National
		emergency care,	Humanization Policy.
		in view of its	
		contributions to	
		nursing care.	
Humanizing	SILVA	Understanding the	The following discursive categories emerged: Feelings of
intensive nursing	JUNIOR, et	impact of music in	health professionals and humanized actions in the intensive
care for people with	al., 2021.	intensive care for	care environment; Music therapy providing comprehensive
COVID-19		COVID-19 as a tool	care to people with COVID19 in the context of intensive care;
		for humanization	experiencing the moment; Music therapy as an instrument of
		provides assistance	spirituality in the intensive care environment.
		from the perspective	
		of clinical nurses.	
Strategies to	ORTÍZ, et al.,	Describe strategies	The strategies reported as effective and that have an impact on
strengthen the	2021.	that strengthen	the factors related to the lack of humanization are: absence of
humanization of		the humanization	training in compassion, care and competence in soft skills; as
emergency health		component of	well as misinformation in the area of specialization and increase
services		emergency health	in the nurse-patient relationship
		care delivery in a	
		fourth-level hospital.	
Implementation of	PEAR TREE;	To describe the	The results showed that the reception and classification service,
user embracement	RABBIT.	experience of the	when systematized, corroborates the effectiveness of Municipal
with risk	2019.	implementation of	Health Management.
classification in the		user embracement	
hospital network		with risk	
and its impact on		classification in the	
primary health care.		hospital environment	
		and its impact on	
		the planning and	
		execution of actions	
		carried out in	
		primary health care.	

# Table 2 - Description of the articles



	DOTTIDÍOS	т. <u>,</u>	
Quality indicators in		5	Although many nursing professionals apply humanized care
humanized care for		reflective analysis	framed by the policy, it is essential to redirect actions to
people with mental		on health quality	empower the person.
suffering in the acute	2021.	indicators of	
phase.		people with mental	
		suffering in the acute	
		phase, to evaluate	
		the work carried	
		out by occupational	
		diseases and their	
		impact on their	
		health.	
Comprehensiveness	MEDEIROS,	To identify the	The results of the study show that comprehensiveness in
and humanization in	et al., 2016.	elements capable	the management of nursing care in the ICU points to some
the management of		of promoting	challenges in relation to the complementarity of actions in a
nursing care in the		comprehensiveness	broad and integrative way
Intensive Care Unit.		and humanization in	
		the management of	
		nursing care in the	
		Intensive Care Unit,	
		with an ecosystem	
		focus.	
Care Humanized	SILI, et al.,	Describe the facilities	Five central ideas emerged from the testimonies: two
nursing care units	2024.		involving the facilities; and three, the difficulties in offering
in an intensive care		nursing professionals	humanized care. The facilities refer to the involvement of
unit in Angola:		in the	the Multiprofessional team in the care and interpersonal
facilitating and		Humanized care	relationships of the nursing team. The difficulties are linked
difficult factors			to the lack of material resources, equipment and inputs; scarce
revealed.		Angola	human resources and little specialized preparation of the
l'évenieu.		1 mgonu	numan resources and intre specialized preparation of the nursing team.
Implementation	HENRIOU	To evaluate the	Health professionals manifested difficulties in providing care to
of the Care	~	contribution of the	agitated, confused, disoriented, aggressive people who refused
Methodology	2019.	implementation of	care, and also in communicating with patients who did not
H u m a n i t u d e :	2017.	the Humanitude	express themselves verbally
contribution to the		Care Methodology to	express memories verbany
		the quality of health	
quality of health care		care in a Care Unit	
		Continued.	

Source: Prepared by the authors.



### DISCUSSION

Humanization in nursing care has been a widely discussed topic and is seen as an essential aspect to improve the quality of patient care. Throughout the article, it was found that each author mentioned addresses different perspectives and contributions that humanization can bring to nursing practice.

Sousa et al., (2019) highlight that the implementation of user embracement with risk classification in urgent and emergency services has shown good results, contributing to greater efficiency in nursing care. However, they also recognize significant barriers to the full application of the guidelines of the National Humanization Policy, such as the lack of training and difficulties in its execution.

Silva Junior et al., (2021) address the humanization of intensive care care during the COVID-19 pandemic. They emphasize music therapy as a strategy that promotes integrality of care and spirituality, helping to alleviate emotional distress for both patients and nurses, demonstrating how humanized practices can improve well-being in the hospital setting.

Ortíz et al., (2021) suggest that the absence of training in soft skills, such as compassion and caring, negatively impacts humanization in emergency services. They propose that, in order to strengthen humanization, it is necessary for nurses to receive adequate training to deal with emotional and relational demands, in addition to technical skills.

Pereira and Coelho (2019) point out that the adoption of user embracement with risk classification in the hospital environment positively influences the planning of actions in primary care, helping to create a more efficient and humanized health system. They demonstrate how humanization can have a positive impact beyond emergency services, reaching the entire health care network.

Dotti Ríos and Otárola Acosta (2021) focus on quality indicators in the care of people with mental suffering in the acute phase. They state that, although many professionals follow humanized guidelines, it is still necessary to reevaluate practices to ensure that care is centered on patient



empowerment, highlighting the importance of a more reflective and integrative approach.

Medeiros et al., (2016) identify challenges in the management of care in the ICU, where humanization must be combined with comprehensiveness. They argue that, in order to promote complete and holistic care, it is necessary to overcome difficulties related to the coordination of actions between different professionals and health services.

Sili et al., (2024) point out the difficulties faced by nurses in Angola in offering humanized care in intensive care. They note that, although there are facilities, such as the collaboration of the multiprofessional team, professionals still face challenges such as the lack of material and human resources, in addition to inadequate preparation to deal with complex situations.

Finally, Henriques et al., (2019) discuss the implementation of the Humanitude Care Methodology, which has contributed to humanization in long-term care units. However, they highlight the challenges related to providing care to patients who are agitated, confused, or refuse care, which can hinder communication and the effectiveness of care.

These authors, when approaching humanization in different ways and contexts, suggest that humanized practice is a continuous and essential process to promote a positive change in the lives of patients, directly impacting the quality of care and the general well-being of those who receive nursing care.

### FINAL CONSIDERATIONS

In view of the aspects presented by the studies of the articles, it is evident that humanization in nursing care is an essential pillar to raise the quality of care in various areas of health. By prioritizing an approach that considers the emotional, social, and spiritual dimensions of the patient, it is possible to promote more complete and person-centered care. This practice strengthens the relationship between nurse and patient, resulting in greater satisfaction and better therapeutic outcomes.

However, the full implementation of humanization still faces obstacles, such as the lack



of adequate resources and the lack of specific training. Overcoming these challenges requires the adoption of health policies that value the continuous training of professionals and ensure working conditions conducive to the application of humanized practices.

By integrating compassion, effective communication, and a holistic view of care, humanization transforms the patient experience and benefits both the care and the work environment of nursing professionals. Consolidating this approach is key to building a more inclusive, welcoming, and efficient health system.

## REFERENCES

ALVES, Lucia Helena Costa. Strategies used by the nursing team for humanized care for patients with chronic kidney disease: a narrative review of the literature. 2023. Available at: https://repositorio. pucgoias.edu.br/jspui/handle/123456789/7222. Accessed in: 11/20/2024.

ALVES, Railda Fernandes; ANDRADE, Samkya Fernandes de Oliveira; MELO, Miriam Oliveira; CAVALCANTE, Kílvia Barbosa; ANGELIM, Raquel Medeiros. Palliative care: challenges for caregivers and health professionals. Fractal: revista de psicologia, v. 27, n. 2, p. 165-176, maio-ago. 2015. doi: http://dx.doi.org/10.1590/1984-0292/943. Available at: https://www.scielo.br/j/fractal/a/ Wrrqb9J3NfVgDYvspvjdfVp/?format=pdf&lang=pt. Accessed on: 10 out. 2024.

BATISTA, Michele Pereira. Patient satisfaction and experience: contributions to the improvement of care in a private hospital. 2020. Doctoral Thesis. 74 f. São Paulo School of Business Administration of Fundação Getúlio Vargas.

BÔAS, Lígia Marques Vilas et al. Medical education: the challenge of humanization in training. Rev. Saúde em Redes, v. 3, n. 2, p. 172-182, 2017. Available at: https://docs.bvsalud.org/ biblioref/2020/03/1051668/educacao-medical-challenge-of-humanization-in-formacao.pdf. Accessed in: 11/19/2024.

CALEGARI, Rita de Cássia; MASSAROLLO, Maria Cristina Komatsu Braga; SANTOS, Marcelo José dos. Humanization of health care in the perception of nurses and physicians in a private hospital.



Journal of the School of Nursing of the University of São Paulo, v. 49, p. 42-47, 2015.

SILVA, Talita de Araújo ; CHAGAS, Dênia Rodrigues. The evolution of Humanization in Hospital Management. Brazilian Journal of Development, v. 6, n. 6, p. 38457-38467, 2020.

DIAS, Sara Catarina Pacheco. Mediated stimulation: transformative mediation as a cognitive and emotional intervention in a day care center. 2023. Doctoral Thesis. 133 f. University of Minho.

DOTTI RÍOS, María Gabriela; OTÁROLA ACOSTA, María Araceli. Indicators of quality in the humanized care of people with psychic suffering in the acute stage. Rev. urug. enferm, p. 1-10, 2021. Available at: https://rue.fenf.edu.uy/index.php/rue/article/view/313/361. Accessed in: 11/14/2024.

GIORDANI, Annecy Tojeiro. Humanization of health and care. Difusão Editora, 2015.

GUILLAUMIE, Laurence; OLIVIER, Boiral; VALÉRIE, Desgroseilliers; VONARX, Nicolas. Empowering nurses to provide humanized care in Canadian hospital care facilities: a qualitative study. Holistic nursing practice, v. 36, n. 5, p. 311-326, 2022.

HENRIQUES, Liliana Vanessa Lúcio; DOURADO, Marilia de Assunção Rodrigues Ferreira; MELO, Rosa Cândida Carvalho Pereira de; TANAKA, Luiza Hiromi. Implementation of the Humanitude Care Methodology: contribution to the quality of health care. Latin American Journal of Nursing, v. 27, p. 3123, 2019. Available in: https://www.scielo.br/j/rlae/a/mkxcCk7p4mfwgzYWDLqQVjx/?lang=en. Accessed in: 11/16/2024.

MEDEIROS, Adriane Calvetti; SIQUEIRA, Hedi Crecencia Heckler de; ZAMBERLAN, Claudia; CECAGNO, Diana; NUNES, Simone dos Santos; THUROW, Maria Regina Bergmann. Comprehensiveness and humanization in nursing care management in Intensive Care Unit. Journal of the School of Nursing of USP, v. 50, n. 5, p. 817-823 septiembre-octubre, 2016. Available in: https://www.redalyc.org/pdf/3610/361048760015.pdf. Accessed: Oct 10, 2024.

NASCIMENTO, Blenda Alves Do; LIMA, Dayana Mendes De; PASSOS, Sandra Godoi De. Humanization of nursing care in the Intensive Care Unit. JRG Journal of Academic Studies, v. 6, n. 13, p. 2024-2032, 2023. Available at: http://www.revistajrg.com/index.php/jrg/article/view/815. Accessed in: 11/20/2024

ISSN: 2763-5724 / Vol. 04 - n 06 - ano 2024



NÓRDIO, Joyce; MENDES, Larissa Vargas. Nursing care from the perspective of the person hospitalized with cancer. 2021. 70 f. University of the Extreme South of Santa Catarina - UNESC. Available at: http://200.18.15.28/handle/1/8631. Accessed in: 11/166/2024.

OLIVEIRA, Bruna Sousa; PEREZ, Iara Maria Pires. Humanization practices in a neonatal intensive care unit. Saúde Dos Vales Magazine, v. 1, n. 1, 2023. Available at: https://revista.unipacto.com.br/ index.php/rsv/article/view/249. Accessed in: 11/22/2024.

ORTÍZ, Erika María Pabón; VANN-DERTH, Mora-Cruz, Jop; ALEXANDRA, Castiblanco-Montañez, Ruth; YANETH, Buitrago-Buitrago, Carmen. Strategies to strengthen the humanization of health services in emergencies. Revista Ciencia y cuidado, v. 18, n. 1, p. 94-104, 2021. Available in: https://dialnet.unirioja.es/servlet/articulo?codigo=7732371. Accessed in: 11/11/2024.

PEREIRA, Patrícia Silva. Love in the therapeutic relationship in nursing: the lived of mental health 2015. Doctoral Thesis. experience nurses. f. University from Lisbon (Portugal). 24 Available in: https://www.proquest. com/openview/12b14515f94f2d6e4d0a497e02b5bf18/1?pqorigsite=gscholar&cbl=2026366&diss=y. Accessed in: 11/16/2024.

PEREIRA, Reobbe Aguiar; COELHO, Camila Ferreira Cruz. Implementation of user embracement with risk classification in the hospital network and its impact on primary health care. Extension Journal, v. 3, n. 1, p. 179-183, 2019. Available at: https://revista.unitins.br/index.php/extensao/article/ view/1692. Access On: 11/15/2024.

RIBEIRO, Isadora Garcia. Scientific production about effective nursing communication in the intensive care unit. 2023. 33 f. Pontifical Catholic University of Goiás. PUC GOIÁS. Available at: https://repositorio.pucgoias.edu.br/jspui/bitstream/123456789/6898/2/TCC%20III%20 -%20Isadora%20 Garcia%20Ribeiro%20final.pdf. Accessed on 11/12/2024.

ROCHA, Ana Claudia; ANDRADE, Gislângela Silva. Nursing team care during prenatal care: perception of pregnant women cared for in the basic network of Itapuranga-GO in different social contexts. Revista Enfermagem Contemporânea, v. 6, n. 1, p. 30-41, 2017.

SANTOS, Stéfane Silveira. Impact of Leadership on the performance of the Nursing team. 2019. Master's Dissertation. 98 f. Faculty of Economics of the University of Coimbra to obtain the Master's



degree. Available at: https://estudogeral.uc.pt/handle/10316/89596 Accessed on 11/15/2024.

SILI, Eurico Mateus; NASCIMENTO, Eliane Regina Pereira do; MALFUSI, Luciana Bihain Hagemann de; VIEIRA, Patrícia Madalena; LAZZARI, Daniele Delacanal; FORSTER, Fernanda; LOHN, Arilene. Humanized nursing care in an intensive care unit in Angola: facilitating and hindering factors revealed. Text & Context-Nursing, v. 33, e. 20230111, 2024. Available at: https://www.scielo. br/j/tce/a/rpXtVGf9cgnfkLSKhRW9FHM/. Accessed on 11/11/2024.

SILVA, José Antonio da; ROCHA, Marina Elias; PAULA, Aline da Silva; MARTINS; Tayane Moura; BELT; Francisca Seyla de Alencar; COUTINHO; Gabriel Araújo; PEREIRA, Hipólito Ribas. Humanization in Primary Health Care (PHC): An integrative review of management models and impacts on the quality of patient care. LUMEN ET VIRTUS, São Jose dos Pinhais, v. 15, n. 39, p. 2012-2020, 2024.Available at: file:///C:/Users/bauru/Downloads/levv15n39-033-2.pdf. Accessed on: 10 set. 2024.

SILVA, Talita de Araújo; CHAGAS, Dênia Rodrigues. The evolution of Humanization in Hospital Management. Brazilian Journal of Development, v. 6, n. 6, p. 38457-38467, 2020. Available at: https:// ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/11809. Accessed in: 11/19/2024.

SILVA, Claudio Luiz da. Nursing publications after the implementation of the Policy National Humanization of the SUS: bibliographic study. 2019. Doctoral Thesis. University of São Paulo. 68 f. University of São Paulo at Ribeirão Preto College of Nursing. Available at: https://www.teses.usp.br/teses/disponiveis/22/22131/tde-03062019-153641/en br.php. Accessed in: 11/16/2024.

SILVA, Janelara Bastos de Almeida. Family member/companion in the Intensive Care (ICU): interaction with the nursing team. 2014. 210 f. University Catholic of the Saviour. Available in: https://ri.ucsal.br/server/api/core/bitstreams/8d92d2dd-B143-4695-A149 23CBDF24E240/ CONTENT. Accessed in: 11/14/2024.

SILVA JUNIOR, Sergio Vital da et al. Humanizing intensive nursing care for people with COVID-19. 2021. 8 f. Rene Magazine. Available at: file:///C:/Users/Carlos/Downloads/Enfispo-HumanizandoAA ssistenciaIntensivaDeEnfermagemAPesso-8080805.pdf. Accessed in: 11/21/2024.

SOUSA, Kayo Henrique Jardel Feitosa; DAMASCENO, Carolinne Kilcia Carvalho Sena; ALMEIDA, Camila Aparecida Pinheiro Landim; MAGALHÃES, Juliana Macêdo; FERREIRA, Márcia de

ISSN: 2763-5724 / Vol. 04 - n 06 - ano 2024



176

Assunção. Humanization in urgent and emergency services: contributions to nursing care. Revista Gaúcha de Enfermagem, v. 40, p. e20180263, 2019. Available at: https://www.scielo.br/j/rgenf/a/ PX7vJwFyrRTsVm3jgMk8rRN/?lang=pt. Accessed in: 11/19/2024.

