

HUMANIZATION OF NURSING CARE IN A HOSPITAL ENVIRONMENT: THE USER'S PERCEPTION

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ABSTRACT

This study aimed at investigating hospitalized users' perception about care performed by the nursing team and at identifying the users' understanding about the humanization of health care. This is a qualitative, descriptive and exploratory research, developed in September 2011, through semi-structured interviews with 31 hospitalized users at a public hospital in João Pessoa/Paraíba. The empirical material was submitted to thematic analysis with seizure of two categories: humanized care practices pursued by users in its relation with nursing in the hospital environment; and humanization and reception: concept of the user. Nursing care is based on tasks and the completion of technical procedures, distancing from interpersonal principles that value the dialogue and qualified listening. It was observed that, in the daily work, nursing has not prioritized the establishment of dialogical relationships that instrumentalize the users for an active participation in the construction of their own autonomy. It was noticed that humanization of care is a topic still not properly cleared, users being confused with greeting, help or chat offered by nursing during hospitalization. Nursing needs to adopting alternatives that give rise to the transformation of their practices, in order to produce care guided by the principle of completeness.

Descriptors: Nursing care; Hospitalization; Humanization of assistance.

INTRODUCTION

Hospitalization is seen as an unpleasant experience for those who experience it, leading to the individual feelings of insecurity, fear, discomfort, anxiety, doubt and worry. Because it is stressful, noisy and endowed with its own rules and routines⁽¹⁾, mostly unknown, the hospital environment becomes, as a rule, not a very pleasant or welcoming for both the user as to the location of their companions⁽²⁾. In addition to separating the user from family life, subjecting it to just uncomfortable and painful treatments, which can trigger stress and suffering.

The need to turn our eyes to the demands of these users has been the subject of studies in nursing⁽²⁻⁴⁾, giving rise to reflections among workers and academics on the subject area of the

humanization of health care. However, those discussions need to be extended in order to allow a better understanding and characterization of the difficulties experienced by health workers as by users. Only in this way can we achieve the elaboration of guidelines and strategies in order to provide users with a qualified health care.

In 2001, the Ministry of Health established the national program for the Humanization of Hospital Care (PNHAH), in order to improve the quality and effectiveness of attention to users of public hospitals in Brazil. The main goal of PNHAH is to empower the professionals of hospitals for a new concept of health care that values human life and citizenship. The PNHAH proposes the improvement of relations between health professionals and users; values human and subjective dimension of assistance acts. Promoting the rearticulation of the work in installments, revisits the completeness and the

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humanization of care to the individual, based on values such as respect for singularities and defense of the rights of users⁽⁵⁾.

In the area of nursing care is the main and most important to know. He integrates all standards of knowledge and being considered as much art as science. Care is therefore an attitude of mind, knowledge, love, solidarity and concern; It is a moral obligation and an ethical duty on the part of health professionals⁽⁶⁾, permeating the different tasks of the nurse, be they social, managerial or teaching. In this sense, care develops in the encounter with the other, in interaction, in appreciation of knowledge and of being, fully respecting the individuality and uniqueness of each. However, the social division of work and the scientific-technical progress accelerated in the field of health⁽⁴⁾ have transformed the nursing care in execution of tasks, according to protocols, and standards previously established routines, hindering interpersonal relations more emphatic between caregiver and be careful⁽¹⁾.

This mode of work distances himself from both the caution as ethical ideal, as advocated by the PNHAH relations, highlighting what order call "dehumanization of services and health practices", which has been object of several studies and research in the field of public health, especially since the 1990^(7:340).

Nursing care must permeate acts, behaviors and attitudes. Thus, the nursing staff must assume a posture capable of welcoming, listening and respecting the user of health services. This encompasses, inter alia, the preparation of the environment for the user receive their identification by name, the explanation of each procedure to be performed and the provision of clear and precise information about its clinical picture, with encouragement to confronting the situations experienced and the exercise of their autonomy.

On the basis of the above, we direct this research from the following guiding question: "What is the opinion of users hospitalized on the humanization and the care provided by nursing in the hospital environment?" In order to answer it, the objective of the perception of hospitalized users about the care provided by nursing staff and identifying the users' understanding about the humanization of care. We highlight the

importance of such studies for the improvement of actions of careful users of health services, because the reflections on this theme may bring contributions to that assistance is guided by the principle of completeness.

METHOD

This is a descriptive-exploratory study with a qualitative approach, conducted with hospitalized patients in the internal medicine ward of a public hospital in the city of João Pessoa-PB, in September 2011. The setting of this study hospital has 146 beds, offers the following services: emergency care, internal medicine, general surgery, vascular surgery, neurosurgery, urology, nephrology, gynecology and pediatrics. During the period of data collection, there were 50 hospitalized patients in medical clinic (male and female); these, 31 were included in this study meet the following inclusion criteria: being hospitalized for a minimum period of five days, a period considered by researchers necessary for the respondents to issue its opinion on the care provided by nursing from the assistance received during this period of hospitalization; being a stable clinical condition (and conscious) to participate in the research and have consent of the supervisor and/or nurse practitioner physician at.

The empirical material was collected from the interview technique, using a semi-structured guide. The interviews were carried out individually, with the use of a tape recorder in the hospital premises reserved place, guaranteeing the right to anonymity and privacy⁽⁸⁾. Users participating in the study were identified by the letter U (user) and arranged in sequence (U1 to U31), according to the order of realization of interviews. For the analysis of the empirical material, was employed the technique of thematic analysis⁽⁹⁾, whose operation was based on three steps: pre-analysis, exploitation of material, processing of results and interpretation. To phases of material exploration and processing of results and interpretation, were heard all the tapes and transcribed in full. In the process, observed the completeness, homogeneity, representativeness and relevance

of content caught. Finally, we proceeded to the analysis and exhaustively.

This research followed the ethical observances advocated in Resolution 466/12 of the National Health Council, with approval by the Ethics and Research Committee of the University Center of João Pessoa (CEP/UNIPÊ-protocol-41st RO/8/16/2011). All respondents were clear, with reading and delivery of the informed consent signed in two copies⁽⁸⁾.

RESULTS AND DISCUSSION

Of the 31 participants in the study, 58,1% were women and 41,9% male, with age group located predominantly between 41 and 60 years old. In their majority (51,6%), the users were married and had elementary school (58,1%). Drew attention the low schooling and illiteracy (25,8%) that existed between them. With regard to professions/occupations, 25,8% were housewives, 25,8% were retired and 6,5% were unemployed.

From the analysis of the empirical material, it was possible to apprehend two main categories: (1) humanized care practices pursued by users in relation to nursing in the hospital environment; and (2) humanization and reception: concept of the user.

Humanized care practices pursued by users in relation to nursing in the hospital environment

The process of care represents the way in which care occurs, showing behaviors, like interest, compassion, affection and consideration for the other, in order to providing relief, comfort and support⁽¹⁰⁾. These actions go beyond the technical Act, based on the permanent relationship with each other, which pervades the touch, communication, physical care and respect, being these fundamental aspects for the promotion of the well-being of who cares and who care. However, the following lines show that the relations established between the nursing and users do not cover these interpersonal principles:

My relationship with them is user and nurse, nothing near to (U9)

Is good, I mean, in part, because when you're without a chaperone (U22)

This is bad because we need time and it's just, does not appear anyone when we need to go to the bathroom, and don't come alone, we need a person to help us at a time like this, what about that part is saying that's not okay, needs to improve. They are thoughtful in time to give the remedy (U28))

My relationship with nursing is only in time to deliver the medicine and ready in time to change the IV, at the time of the bath [...] consider myself well attended, are friendly people, being them over there in the corner and I in my corner, isn't it? (U31)

It is essential that nursing professionals understand that communication is one of the main tools for the development of interpersonal relationships, being indispensable to the improvement of the humanization of assistance⁽³⁾. As such, provides spaces for the establishment of dialogue and of a wire, which are an important element in the composition of health practices⁽¹¹⁾.

However, reports of users express that the nursing staff has performed a task-centric care, enhancing the execution of technical procedures, such as the administration of medications and dressings and sponge baths. It highlights the loss of dimension caregiver for part of these professionals by the tended to cure of the disease:

They treat you well, they come here, make the bandage, apply the serum, bring the medicine, if I have pain they put dipyrone in serum, always ask if it's okay with us (U29)

For me there's nothing missing. They do what they can, do more than they already do only God can do, isn't it? For those who are sick, just God (U20)

We must be ready to receive what is done (U30)

I consider myself well attended here, as far as possible, we cannot expect too much, it just takes more attention on the part of them (U31)

The medical clinic under study has 63 beds (33 male and 30 female) and, on average, four nursing technicians per shift. The nursing work is organized by division of activities by Ward, i.e. each nursing technician takes integral care to four or six users depending on the gravity of these clinic.

As can be observed in these reports, extended care⁽¹¹⁾, which should permeate nursing actions,

usually assumes a skillful positioning and reproduces in the everyday life of these professionals of routine, repetitive and uncritical way, as they distance themselves from their assignments are due and which constitute what is called "praxis in health". The subjective aspects of care are being replaced by the satisfaction of physical needs, with healing and fragmented actions that do not meet the requirements of users.

Although actions of care are fragmented and focused on procedures, lines of users reveal an acceptance the way that care has been rendered. Most of the time, such acceptance is given by lack of knowledge of their rights as social beings and by the difficulty of access to public health services, which makes them conformed and even grateful for the assistance provided.

Another issue addressed in the testimony with respect to information provided by nursing users, about their clinical pictures:

It is to the doctors, they tell you to talk to the doctors in moments from visits [...] but no matter how bad our situation they do not discourage us, I think we should not ask, nurse is here to take care of us (U24)

Don't say anything; I think they think we don't have a right to know. We are users, we are entitled to know, we have right to everything in our lives, the right to be well attended, have the right to talk with others, right to ask how are things, ask why things are this or another way, I think that it should be so (U25).

It is noticed that, although these nurses possess the scientific knowledge about the disease and about the clinical picture of each user, many of these professionals omit this information in the belief that it is the duty of the doctor. That raises doubts and anxiety and prevents dialogical relations be established. Thus, the care is restricted to technical activities and procedures, distancing itself from relational technology⁽¹¹⁾ based on intersubjectivities.

Integral and humanized care requires showing itself if available, sharing and providing objective information, clear, specific and necessary⁽³⁾, so that the user is just a means for the construction of their autonomy. To know what the user wants to know, according to their perceptions, expectations and previous knowledge, professionals can provide guidelines

that meet the particularities and the ability of assimilation that user, in order to promote their satisfaction and improve the quality of care provided.

The lack of information about the procedures performed by the nursing, during the period of hospitalization, obstructs the establishment of a dialogue between nursing and users in terms of humanization. This can be exemplified by the following reports:

They explain Yes, this is what I am taking, says if it's going to hurt. Got some more too as they arrive and lay and haven't spoken to me won't hurt (U15)

Sometimes I explain, some explain, others do not. Sometimes you have to ask (U4)

Sometimes, because many times they barely talk to the user and you need to ask, that's when they respond something, now they have others who have patience and I explain well (U6)

They do not report, they arrive and are already making the medication (U21).

It is the duty of nursing professionals to provide users with information in a clear, objective, respectful, comprehensible and adapted to their cultural conditions. Such information shall relate to his/her State of health, covering the diagnoses, examinations requested, the objectives of the procedures to be performed and the risks, benefits and drawbacks of the proposed diagnostic and therapeutic measures. In addition, should contemplate also the purpose of the materials collected for examination and the likely evolution of the problem of health, among other things⁽¹²⁾.

Finally, it is important that such information is also extensive to family members and aides. The speeches of users do not demonstrate, however, that reality:

If it is to give the remedy they warn, inform the visiting hours of the doctor, in other procedures do not report as they should (U22)

Would explain what the medications, the right would be the following: to inform about the medicine, whether it's still in pain, if it's getting better, it's just that I get angry because they didn't pass the information to us (U18)

They don't say, I've been doing some tests, ultrasonography, and did not report, the doctor is the one who informs (U19).

The reports highlight the need to promote a welcoming environment in the hospital, in which users feel care and perceived as people with specific needs, being understood in its uniqueness by nursing staff. In addition to being an ethical duty of professional nursing, the Act of informing about the procedure that will be performed or therapeutic measures to be adopted is a means of establishing a dialogue and a closer relationship with the user.

Insofar as it helps to develop relations of mutual trust, and link this dialogue provides conditions for the individual to participate in the whole process of production of your health, getting subsidies for carrying out your self-care.

Humanize also implies respect each in its uniqueness. When the user is treated by the number of your bed or name of your disease loses its identity within the health institution, being seen only as a patient who needs care, and not as an individual Member of the society:

I would like you to call me by my name, to talk and listening to me (U15)

Would like to be treated well, welcome you to call me by name (U10)

To explain what they will do to me (U1)

Heard me and respect me (U2).

It is by identifying the user by name, greeting it and individualizing its care assistance that makes user-professional nursing relationship a date more human⁽¹³⁾. Such care is a right and a duty to users of nursing staff, contributing to that assistance is based on the principles of humanization and reception.

Humanization and reception: concept of the user

In the hospital environment, the users' expectations about humanization and reception indicate the paths to be pinched to the production of the necessary care and specific to each of them. As can be seen in the excerpts of the following reports, such care is related to the fact that they are well treated, welcomed and respected as people, in its uniqueness:

As a person, a good treatment. That care the patient needs (U9)

Not only I, like everyone else, be recognized as people, not flattering, but help those in need and to provide the right care (U11)

I want them both upon me, looking after me straight (U14).

This relationship between nursing and care comes from the beginning of its existence as a profession. The art of caring is the essence of nursing profession in order to promote the vital potential life, the well-being of human beings in their individuality, complexity and completeness⁽¹⁴⁾.

It is important that, with the care provided to users, to enter nursing attitudes of respect, greeting and communication, establishing a relationship of trust, care and dedication. In this sense, it is essential that, in the search for integral care, users are instrumented with concepts such as the reception and the humanization.

However, when questioned as to his understanding of humanization, users mostly reported not knowing anything:

I don't understand anything about it (U16)

I can't tell you what it is; I've never heard (U21)

I don't know what it is (U23)

Never heard of humanization (U25)

As shown in the following reports, the exceptions were on behalf of the three users who made mention of humanization as professional's concern with the treatment, the user and care, to minimize the pain:

What I understand is that is referring to treatment of people, I can only see that there are few people to many users, because the responsibility is great, there's a lot of antibiotic to give (U18)

Is when the person cares about the other, worries about another human being (U19)

In relation to the hospital, they are very human [...], here at the hospital are very human. You see this (the humanization) until in attendances, because our injuries are very serious and time to remove/make the bandages, nursing does everything for us to not feel pain (U24).

The lack of information about the humanization and its reduction to the professional's concern with the user or with the minimization of pain causes a lot gets lost in the way of building a humanized nursing care.

Think of Humanized nursing care is to reflect about the nursing profession itself. Because nursing is, essentially, care, and care provided to human beings, individually, in family or in the community.

Humanized Care encompasses not just biological problems and needs, but includes ethical, social and emotional circumstances, present among the human relationships in health care⁽¹⁵⁾. Present mainly in interpersonal relationships, seeking respect differences of each being and looking at each other as a unique being, ethics are essential for the formation of a hospital environment humanized. In this respect, a study^(15:31) points out that:

Humanize refers to the possibility of a cultural transformation and management of the practices developed in health institutions, assuming an ethical posture of respect to each other, host of the unknown, respect the user understood as a citizen and not just as a consumer of health services.

Although some users have referred to don't know what it is, other correlated the humanization, Attn: childcare, to help, to being well received and to act to talk:

Host is giving more attention to the sick (U22)

Be treated well is give me the medicine at the right time (U23)

The host is very important in any place that we're (U24)

Is the way to help, receive each other, see what you need (U31)

Is when the person is good, comes and calls you is talking to you, that's how I understand she wants to host well (U25)

Is to treat well, is to receive the person (U26)

Be upheld is being warmly welcomed (U27).

Reports from users on host demonstrate certain agreement with the specialized literature in the area. The host can be understood as an attitude, an attitude of commitment of the team, to receive, listen and treat humanized form, users and their needs. In addition, awakens in the user a feeling of confidence in relation to the professional providing the service^(16:14).

Therefore, the host occurs in all meetings, assistance during the passage of the user by service, and can offer you a higher possibility of

traffic over the network. This is because the host is not necessarily an activity in itself, but the content of all the assistance activity, which consists in the constant search of an increasing recognition of the health needs of the users and of possible ways to satisfy them.

Another point that draws attention in the testimonials of users is that they report good quality of care in the health environment as a right:

Examining me and taking good care of me, as is my right (U10)

With respect (U12)

It's my right to be well taken care of while you're here [...] well it's my right to be treated well by them [...] we have right to everything in our lives, the right to be well attended (U14).

Users are supported by laws that advocate and ensure their rights in the hospital environment and that must be respected and followed by health professionals. The humanized service user right is ensured by the Federal Constitution, which, in its Article 1st, III –, contemplates the dignity of the human person and by Ordinance SAS/MS n° 202, of June 19th, 2001, establishing guidelines for the implementation, development, support and evaluation of initiatives of humanization in the hospitals of the SUS⁽¹⁷⁾.

It is important, however, that each of the users know their rights, to be able to claim them as needed. To claim the violation of law, the user seeks to solve not only your personal problem, but also contribute to the improvement of health actions and services for the whole community⁽¹⁸⁾. None of the participants of this study had received information regarding your rights as user in the hospital environment. Fit for professionals responsible for care when user provide integral care and respect their needs and their rights. All this contributes to ensure and strengthen the actions of humanization in health care.

According to the users who participated in this study, the workload among nursing professionals interferes in providing care:

Sometimes are rushed, there is even hard to have a closer relationship with them (U4)

Speak the necessary to me, there's no time to much talk, not just the essentials (U6)

For me it's all good, so far I have nothing to complain, the problem I think is that there are few people (professionals) to suit everyone, are three nurses for thirty people here, they run that here everything, and goes back and forth, and to meet all this is complicated, I think the number of people to meet everyone (U18)

Treat me with respect, even though the workload, but who know how to differentiate and meet as well, because it's my right to be well taken care of while you're here (U12).

We must pay attention to the fact that nursing is facing an overload both quantitatively and qualitatively. The quantitative overload is evidenced by the responsibility for more than one hospital sector. As for the qualitative overload, is checked because of the complexity of human relationships, since nursing deals daily not only users, but also with their relatives and with other health professionals. So, sets up a double workday, experienced by a large part of these professionals, which somehow turns out to maximize fatigue and, therefore, generate stress. In turn, conflicts cause stress and physical damage, negatively impacting the quality of care, triggering feelings of anguish and anxiety⁽¹⁹⁾.

Thus, it is necessary to the understanding of that assistance is influenced by factors both internal and external to nursing, with emphasis on labor relations. In General, these relationships have been giving so little Humanized, interfering directly in the actions. Therefore, in the search of Humanized nursing care becomes necessary, the humanization of workers, from a participative management that values and supports the work of nurses and other members of the multidisciplinary team of health^(20:60).

FINAL CONSIDERATIONS

The present study shows, from the speech of users hospitalized, that the care provided by nursing are centered on tasks and implementation of technical procedures, distancing him from

interpersonal principles that value the dialogue and listening. However, we understand the importance of these instruments for the implementation of care and meeting the health needs of users, in order to alleviate the stress and suffering of the hospitalization process and contribute to a humanized assistance.

In the everyday life of health care users, nursing has omitted information about the disease, the clinical picture, the procedures and the proposed therapy. It ends up generating doubts and anxiety, preventing the establishment of dialogical relationships which can exploit these individuals for an active participation in the construction of their autonomy. By omitting this information, nursing prioritizes the satisfaction of physical needs, whose actions and curative contemplate not fragmentary integrality of attention to health.

The lack of knowledge of the users about their rights as citizens and the difficulty of access to public health services encourage the creation of spaces of veiled acceptance of assistance provided by nursing. It is important; however, that the nursing pledge and acknowledge that it is claiming rights does not mean the denial of these rights by users. When is recognized by professionals as a carrier of a disease or as number of a bed, the user loses its singularity as a social being. Such attitudes provide the gap between professionals and users, to the extent that establishes the creation of barriers, instead of building links.

Although more than ten years have elapsed since the institutionalization of the national program for the humanization of Hospital Care (PNHAH), the humanization of care is a topic still not properly cleared, users being confused with the greeting, the help or the talk offered by nursing during hospitalization. This lack of knowledge should, however, contribute to the creation of learning spaces, through dialogue and listening, arousing us users feelings of confidence, satisfaction and safety, favoring the development of the autonomy of these individuals.

HUMANIZAÇÃO DOS CUIDADOS DE ENFERMAGEM EM AMBIENTE HOSPITALAR: PERCEPÇÃO DE USUÁRIOS

RESUMO

Objetivou-se conhecer a percepção de usuários hospitalizados sobre o cuidado prestado pela equipe de enfermagem e identificar o entendimento dos usuários sobre a humanização do cuidado. Pesquisa qualitativa, descritivo-exploratória desenvolvida em setembro de 2011, por meio de entrevista semiestruturada, com 31

usuários hospitalizados na clínica médica em um hospital público do município de João Pessoa/PB. O material empírico foi submetido à análise temática com apreensão de duas categorias: práticas de cuidados humanizados almejados pelos usuários na sua relação com a enfermagem no ambiente hospitalar; e humanização e acolhimento: concepção do usuário. Os cuidados prestados pela enfermagem estão centrados em tarefas e na execução de procedimentos técnicos, distanciando-se dos princípios interpessoais que valorizam o diálogo e a escuta qualificada. Observou-se que, no cotidiano de trabalho, a enfermagem não tem priorizado o estabelecimento de relações dialógicas que instrumentalizem os usuários para uma participação ativa no processo de construção de sua autonomia. Percebeu-se que a humanização do cuidado é um tema ainda não devidamente esclarecido aos usuários, sendo confundido com acolhimento, ajuda ou conversa oferecida pela enfermagem durante a hospitalização. A enfermagem precisa adotar alternativas que suscitem a transformação de suas práticas, de modo a produzir um cuidado pautado pelo princípio da integralidade.

Descritores: Cuidados de Enfermagem. Hospitalização. Humanização da Assistência.

HUMANIZACIÓN DE LOS CUIDADOS DE ENFERMERÍA EN AMBIENTE HOSPITALARIO: PERCEPCIÓN DE LOS USUARIOS

RESUMEN

El objetivo fue conocer la percepción de usuarios hospitalizados bajo el cuidado prestado por el equipo de enfermería e identificar el entendimiento de los usuarios sobre la humanización del cuidado. Investigación cualitativa, descriptivo-exploratoria, desarrollada en septiembre de 2011, mediante entrevista semiestructurada, con 31 usuarios hospitalizados en la clínica médica de un hospital público del municipio de João Pessoa/PB. El material empírico fue sometido al análisis temático con aprehensión de dos categorías: prácticas de cuidados humanizados deseados por los usuarios en su relación con la enfermería en el ambiente hospitalario; y humanización y acogimiento: concepción del usuario. Los cuidados prestados por la enfermería están centrados en tareas y en la ejecución de procedimientos técnicos, alejándose de los principios interpersonales que valorizan el diálogo y la escucha calificada. Se observó que, en el cotidiano del trabajo, la enfermería no ha priorizado el establecimiento de relaciones dialógicas que instrumentalizan a los usuarios para una participación activa en el proceso de construcción de su autonomía. Percibiéndose que la humanización del cuidado es un tema aún no debidamente aclarado a los usuarios, siendo confundido con acogimiento, ayuda o conversación ofrecida por la enfermería durante la hospitalización. La enfermería necesita adoptar alternativas que susciten la transformación de sus prácticas, a fin de que produzca un cuidado basado por el principio de la integralidad.

Descriptores: Cuidados de Enfermería. Hospitalización. Humanización de la Asistencia.

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