

## THE CHALLENGES OF HUMANIZATION WITHIN UNITS OF READY ATTENDANCE: THE VISION OF MANAGERS

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### ABSTRACT

The National Policy of humanization of the unified Health System has provoked changes in the national scenario with also impacts on the urgent and emergency care. The aim was to identify the challenges of humanization in units of Ready Attendance of managers. This is an exploratory, descriptive study with a qualitative approach, carried out through semi-structured interview and record in voice recorder, with 18 doctors and nurses' managers. For systematic analysis of the data using the operational proposal for qualitative data analysis. Emerging from the following categories: National policy of Humanization in units of Ready Attendance of managers; influential factors that interfere in the process of humanization; and actions of managers in promoting humanization in units of Er. It was noted that the national policy of humanization of the SUS is not clear for all managers, which indicate how harmful factors for humanizing the high demand of users, the personal factors of professionals and users and the conditions of offered service. Keep this at health services and develop training and guidance activities are positive attitudes of managers for the development of humanization.

**Keywords:** Urgency. Emergency. Humanization of Assistance. Health manager

### INTRODUCTION

Despite the existing difficulties in the area of health, the Brazilians won health as a right of all and duty of the State after strong social and political struggle. The new Federal Constitution came into force in 1988, establishing the unified health system (SUS), whose principles and guidelines are: universality, integrality and fairness in health care, as well as the decentralization, regionalization and tiering health actions. Marking a new direction in Brazil's health policy<sup>(1)</sup>.

As a strategy for strengthening public policies, in 2003 the Ministry of health implements the National Policy attention and management Humanization (PNH) of the SUS as a methodological theoretical principle: transversality, the inseparability between attention and management and the role of the subjects and collectives. The PNH must do this and be inserted into all policies and programs of the SUS<sup>(2)</sup>.

In this way, emphasizes the importance of this policy in urgent and emergency services, considering that this is one of the most problematic

areas of the health system<sup>(3)</sup>. The implementation of the PNH in these services enables the consolidation of relevant items, such as: reduction of the queues and waiting time with cozy service and resolute based on risk classification criteria; knowledge part of users about the professionals who care for your health; accountability of health services by territorial reference; user information and guarantee the rights of the users of SUS code, as well as participatory management to professionals and users<sup>(2)</sup>.

The PNH while enumerating the humanization as recovery of users, workers and managers in the health production process within the hierarchical levels of the SUS<sup>(2)</sup>. However, the lack of resolution and articulation provides an overcrowding of Hospital Emergencies and Units (UPAs). This scenario makes the humanized weakened, lacking knowledge, commitment and adaptation of working professionals in the area of developing changes in ways to manage and handle<sup>(4)</sup>.

On this panorama and of the current context of crisis of health policy that we can observe in these units, with recurrent complaints of ill-treatment, lack of information and clarifications to the population,

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denounced in various medi<sup>(5)</sup>, justification the relevance of this study. Front this situation questions: what are the challenges of humanizing found within the Er units? The present study seeks to identify the challenges of humanization inside Er unit in view of managers, through analysis of the process of humanization inside this equipment.

## METHODOLOGY

This is an exploratory, descriptive study with a qualitative approach. The survey was conducted in nine Er units located in Fortaleza/Ceará in March 2017. Highlights that the number of units corresponds to all the UPAs in the aforementioned city during this period, each unit has two managers, being a doctor and a nurse.

Thus, participated in this study 18 professionals, all of whom attended the eligibility criteria: being a PSU Manager, be available and accept to participate in the interview. These were clarified the objectives and procedures of the study and signed the informed consent. In order to preserve the privacy of each participant interviews were held in a room reserved, without interruptions inside the emergency room unit. The nurses were identified by the letter "E" and medical managers for the letter "M" followed by ordinal numbers (1,2, 3 ...).

We used a semi-structured interview for screenplay, which were recorded on the ZOOM H1 type recorder and transcribed in order to provide a detailed analysis of the material raised. The script consisted of demographic data like gender, age, education and experience in the management of the unit which characterize the profile of active managers. And guiding questions such as: what do you understand by humanization in units of Ready Service? What are the challenges for the implementation and execution of humanization in units of Ready Service? What attitudes to management of these units has taken to promoting humanization?

Then were made systematic analysis of data through the operational proposal for qualitative data analysis, divided into three phases: a): full transcript of pre-analysis interviews, followed by successive readings, highlighting the important ideas, the contradictions and similarities; b) exploration of the material: the highlights of the text have been grouped by similarities, emerging three categories representative National policy of humanizing UPAs

in the view of influential factors that interfere with managers in the process of humanization; and actions of managers in promoting humanization in UPAs; c) processing and interpretation of the data: the significant categories were described and discussed in the light of the literature<sup>(6)</sup>.

The study was designed according to the guidelines and regulatory norms for research involving humans and was submitted to the Committee of ethics in research with the same positive assessment (CAAE: 49373015.9.0000.5576).

## RESULTS AND DISCUSSION

Participated in this study 18 working professionals in the Er in Fortaleza/CE, being 9 nurses and medical 9, all female. The average age of the participants was 30 to 40 years. And 2 the institution experience 9 years.

### The National Policy of humanizing UPAs in the vision of managers

Er units are part of governmental public policies to meet demands suppressed and vent the emergencies of hospital environments. Most of the time, these units give quick answers the needs of users, especially in the acute and severe complaints<sup>(7)</sup>.

Occupying the intermediate level of complexity, the UPAsis supposed to work 24 hours a day, with qualifying risk screening services, patients affected by resolute acute or chronic-up frames and cases of low complexity When the core network and the family health Strategy are not active. Besides, perform critical patient stabilization the warehouse service Pre/hospital (SAMU). In this way, the UPAspromotes organization of services, build coherent and effective reference flows and contrarreferência with other institutions and health services of locoregional system<sup>(8)</sup>.

Insert the humanization of urgent and emergency practices is something recommended by SUS when it implements the PNH and directs that this should be inserted into all policies and programs of the SUS. However, for the humanization is employed in UPAs we need knowledge of working professionals<sup>(9)</sup>.

In the present study the question on the policy of humanizing UPAs was possible to realize the

difficulty in reporting on the subject, as noted in the following statements:

Yes, we follow the policy of humanization of the SUS, trying to focus on all the fans that it offers for a better service. (E1)

No, I can remember like that ... No, it's the SUS huh? There, in the same specialization, I had seen, but so that the institution provides to me is no I do not have! (E2)

We don't have a program of humanization is UPA, huh?! In fact, we end up following a policy guideline that the SUS preaches to us to use. It would be the issue of the equity. So that each patient needs according to your need. It is here in the UPA, especially we have universal access, for example. the SUS. (E3)

No, we have no policy of humanization here on coordination, but what we try to do, is that the professional he treats our client is a full form, with the respect and dignity that the customer deserves. (E8)

Unofficial, okay?! We have no access to official programs and uses a methodology in our daily lives. We basically follow the guidelines that the direction requires for us. It's not even enforced the right word, but they put us in the weekly meetings. (M1)

Well, here at UPA, not directly, we don't follow a specific guidance that is directed to the UPAs, we try to follow the guidelines, the humanization of the SUS, huh? (M3)

One can see that the National Policy of Humanization was mentioned by most respondents, however, point out the absence of a policy of humanization specific to urgent and emergency units. This way, you can see the lack of understanding of these managers on the guidelines and principles of PNH, once the tools used in the UPAs are already based on the above-mentioned policy.

As an example of actions that are immersed in humanization in health and which should be developed by professionals in meeting urgent and emergency are the reception, sorting with risk classification and the affection they provide to patients, family and/or escorts the satisfaction and well-being they need at the moment of weakness<sup>(4)</sup>.

Reception with credit rating is one of the specific guidelines of the PNH, characterized by listen qualified ensuring that all are met with priorities from the assessment of vulnerability, severity and risk<sup>(2)</sup>.

However, the care provided are intended mostly

for the execution of technical tasks and procedures, distancing himself from the interpersonal principles that value the dialogue and listening, which can provide a reduction stress and suffering and contribute to a more humanized assistance<sup>(10)</sup>.

The term humanization became applicant in recent years, with a given its multifaceted character to refer to movements, concepts, different historical origins actions and lines of thought are subject to various forms of interpretation. All these horizons that the humanization expands end up fragmenting your concept making difficult the task of understanding of your focus and scope<sup>(11)</sup>.

In this way, health professionals tend to present difficulties in elaborating a concept of humanization and quote it as politics within the experience of the health service, this finding is not restricted only to the present study, but also occurs in research already carried out<sup>(4,12)</sup>.

### **Influential factors that interfere in the process of humanization**

The difficulty to adopt and implement the PNH no comes solely from the lack of knowledge on the part of managers, but as the speech of respondents there is influence of the personality of both working professionals and the public that receives:

I think the person ... "the professional", for example, I'm a nurse, on my degree I had a discipline that had a theory about humanization, specialization I had also, I believe that Social services be similarly, I believe that medicine, is also in the same way, but I think it's more intrinsic, because as much as a person, she can study it, but if she didn't absorb that reality, and put into practice, will not ... can't we! (E2)

Yes, she has an influence in this aspect of humanization, and even to my point of view, I didn't see that in studies, I haven't seen it in any corner, I think in a way contrary to socioeconomic conditions itself. (M1)

The humanized service depends on the education of people, not just their moral principles. Is a person of principle, that has education to treat people that have everything to do with the humanized and also depends on the professional practice of each doctor, huh?! Because we receive the guidance that we should have a humanized assistance to patients. (M2)

I think a little of everything. Personal characteristics they are very important to the development of Humanized work, a person who is more direct, a person who is more harsh, a person who is more

objective, she sometimes has difficulty being understood as a person humane, and, sometimes, not necessarily she's no longer human, but people like I said in a previous question, the smile, the good day, thank you makes all the difference in this humanization [...] (M4)

Of course, when you have a population that is already suffered, it's the waiting queue, which is already in a situation of unemployment, failing to buy the medication, not being able to do an exam, not having a follow-up, the patient enough more thick, more tend to be rude with the doctor, with the health care professional, with the receptionist, and it turns out that makes a lot of the relationship and lessens the humanization really [...] (M7)

In General, in publications dealing with humanization concept are discussed aspects related to human beings<sup>(13-14)</sup>. Such aspects direct health practices for the perception of a unique and irreplaceable, through the inclusion of social, ethical parameters, psychological and educational<sup>(14)</sup>.

There is still in the lines that all employees are involved with the humanized and suffers the influence of population that sometimes shows inappropriate behavior, is the situation generated in a patient record or accept the risk rating conducted by triage nurse<sup>(9)</sup>.

Study conducted at the University Hospital of Rio de Janeiro demonstrated that emergency service users associate the design of humanization both subjective character issues (empathy, professional relationship-emotive issues and user) and character goal (management, change in the practices and behaviors)<sup>(15)</sup>. Such found resembles to this study with managers of Er units.

In this way, the personal factors involve various aspects and puts the Administration in a position of conflict, because it is question conduct that employees and users can consider your natural face to culture and education.

Demand of the population	<p>Well, I guess there is no one factor that prevents 100% practice of care. I think there are some factors that can make, huh?! We are not dealing with a crisis in the health sector as a whole at national level and so is lack medicine, lack basic supplies, lack wave of ICU patient, for example, lack space for patient in sickbay and we know that the UPA has your role within the system facilities and, within the network and unfortunately, we can't solve everything. (E3)</p> <p>[...] no factor to determine it, but at least the pros, they very verbalize the issue of increased demand ... when there is an increase in demand which actually interfering in that care the most, in that conversation, that really care with listen to the patient, that there's no time right? (E4)</p> <p>Like I said, the urgency and Emergency she already brings this difficulty to do the humanization of the purest form, more succinctly. But in the event, we, in these seasonal peaks as you put it, we delivered beyond our ability [...] (M8)</p>
Association with other professionals	<p>No, I think that here the agent has all the features. We have Social services, which I think is very important, that is something that is well crafted, especially the issue of humanization. And something, we might be getting in touch with them, to be able to (have) a guidance ... something like that. (E3)</p>
Material resources	<p>No, I think for a humanized, all right, you need to have the greatest benefit for a patient, I need to have some features, right? But, let's talk in the humanized education, affection of comfort, that everything causes doesn't need a budget, so we focus to items like this that don't need money [...] (E6)</p>
Lack of professionals	<p>Various factors, right? First to demand, as soon as the UPA she meets a pent-up demand of primary and tertiary care. This increased demand hinders the humanized care. In addition, the lack of professionals, many times we work with low demand of professionals and that hinders the Humanized, since everyone assumes you have to work with three doctors. (M1)</p>

**Table 1.** Description of factors influencing, according to managers, humanized care in the Er of the Municipality of Fortaleza-Ceará. 2016

In this context, the PNH aims to promote the communication between these three groups (managers, workers and users) with the purpose to provoke a series of discussions toward changes that provide a better way to care for and new ways of organizing work<sup>(2)</sup>. Provide effective communication can become an alternative to address the personal characteristics of the professionals and users of health services, with a view to promote the humanization.

In table 1 were grouped the factors described by the managers as influencers for a humanized. You can see the high demand and the shortage of human and material resources as relevant factors in providing a humanized care.

The high demand, especially in seasonal periods of diseases prevalent in the population, harms the humanized by not allowing a longer dialogue between professionals and patients at the expense of the emergency of the individual problem assisted. This fact is corroborated in other studies developed in units of ready attendance, presenting as main cause of overcrowding the outpatient attendances in these units<sup>(7-8,16)</sup>.

In this scenario, the teamwork between professionals of the UPAs is essential for the development of humanization front existing demand<sup>(9,17)</sup>.

Aid in emergency and emergence of Humanized shape is one of the goals listed in both the PNH and the National Policy Attention<sup>(8)</sup>. However, a major difficulty to exercise the humanization in these services due to the large number and diverse services of high complexity and requirement of the use of technologies<sup>(17)</sup>.

Study on medical clinic of a federal hospital showed that in addition to the investment in equipment and technology, it is also necessary to invest in the host, based on dialogue and respect between practitioners, thus providing the humanizing the working conditions of health professionals<sup>(18)</sup>. This finding reinforces the talks described in table 6, in which the professional points the affection, education and comfort as essential elements the humanization and are in addition to the material resources.

The workload is seen by working professionals in emergencies as one of the components that generates fragility in the implementation of humanization<sup>(13-14)</sup>. In the current research the low number of working professionals is listed as a

negative point for the development of humanity, especially when associated with the large number of users.

It is worth mentioning that the PNH includes workers, users and managers in production and management and care of work processes. In this way, the health professional must participate in the planning, organization, direction and control of operational processes in which is inserted, by exerting a minimum of autonomy able to motivate you<sup>(2)</sup>. Priority should be given in particular working conditions, because the worker is an active agent of humanization.

However, many times, the working environment and conditions offered are factors that trigger the wear of health professionals producing disease and demotivation, with consequent impact on PNH<sup>(4,13,17)</sup>. In this context, it is essential that the sensitivity of managers in identifying actions of the PNH that may guide the attendances in the Er.

In this study several managers can observe the actions and protocols of care from the perspective of the PNH, similar to a study that deals with the humanization in healthcare<sup>(18)</sup>.

### **Actions of managers in promoting humanization in UPAs**

Humanization is making the most of users, workers and managers in the health production process<sup>(2)</sup>. In the implementation of the PNH Manager performs essential role, being responsible for elaborating and developing humanizers' actions. However, still occurs in this policy implementation difficulties, since many managers are not committed to the quality of the assistance<sup>(12)</sup>.

The action of the Manager is described clearly and objectively by the interviewees, with regard to the reality of work and the direct dialogue with employees. The service and training meetings are positive actions undertaken by managers:

I think its day to day be next to our employees, to our employee, showing him what's really service, working day by day with him with training, with qualification, right? With team spirit, leadership, with daily feedback than he really is, what he could have done better, congratulating for what he did to good [...] (E1)

What we demand is really narrow the communication and relationship with the professionals, with the aim of continuing education even know?! In intervening in everyday life. I think it has to be through continuing

education, and people who don't have this profile, that humanized treatment. (E4)

Show 'a is ' demonstrate through reports, demonstrate ... is to demonstrate, strengthen ... is ... question, especially with the professionals ' ball cannot fall ', huh?! You have to show how we get in the Ombudsman's Office, a set of pipes, that compliment ... sometimes the employee thinks I do, do, do, but is not recognized, but at the moment we show the compliments [...] (E6)

I always try to get closer to the professionals in the sense not only that they treat the humanized form client, as among the professionals they also try to form humane? With respect, carefully [...] (E8)

You have to work with your environment with your personal, right that? Then your environment he has to be nice, it has to be clean, he has to have a space, he has to have flow so you can answer well, and your staff has to be able to do that, you have to get to them and get straight to a reality of humanizes the [...] (M1)

The lines reinforce the importance of leadership in the sectors to accompany the humanized. The suggestions and compliments the Ombudsman capitate are an approach to service business, enhance the team and encourage other professionals. The managers indicate actions that are common needs of several areas of health, such as dialogue and respect, empowerment and the environment favorable to the achievement of health care.

Nurses working in an emergency room adult report the need for actions on the part of managers to improve the policies and practice of PNH in the institution. Sensitize and motivate professionals to develop humanized actions is the main expected attitude by nurses in the ER on the part of managers<sup>(4)</sup>.

Motivation in the workplace is a relevant factor on the humanization development since it can be developed by local managers, being beyond the salary and personal motivations. Strategies for communication between bosses and their co-workers as mechanisms of improvement of services are described in the literature, however communication between professionals is used just as often (outburst mechanism)<sup>(4,19)</sup>.

Training actions are valid to generate changes in UPAs. Training courses show the possibility of rescuing the meaning and importance of professional practice in health, thus helping to implement changes in the work process via humanization of the services. This reality was described in an outpatient unit, but has similarity with the actions taken on the UPAs<sup>(20)</sup>.

The actions highlighted in the lines of managers in this category come meet the guidelines of the PNH, especially the worker's recovery, which creates possibilities for inclusion of dialogue, analysis and intervention. Enabling the identification of which generates suffering and illness, which strengthens the Group of workers and which provides the how to act in the health service<sup>(2)</sup>.

It is worth mentioning that management decisions interfere directly in health care. Therefore, workers and users should get to know how does the management of services and the health network, as well as actively participate in the decision-making process in health organizations<sup>(2)</sup>.

## FINAL CONSIDERATIONS

We can analyze the humanization of ER services is not established clearly and objectively for managers. Among the factors that influence the humanizing UPAs have the demand of service, the personal factors of both working professionals and the users and the conditions of service offered.

Be present in the health services, develop favorable working environments, as well as training programs and humanized service orientation must be developed by the managers attitudes, since the humanization is backed by a national policy that must be present on all services of the SUS.

The study presents relevance to the practice by highlighting perceptions of managers about the humanization in the context of the work in Er units. From the findings of this study, institutional and professional practices, especially of managers can be optimized for the PNH to be adopted more effectively. Deeper studies about the factors that facilitate and which hamper the humanization are needed and may use as the allowance results.

## OS DESAFIOS DA HUMANIZAÇÃO DENTRO DE UNIDADES DE PRONTO ATENDIMENTO: A VISÃO DOS GESTORES

### RESUMO

A Política Nacional de Humanização do Sistema Único de Saúde tem provocado mudanças no cenário nacional com impactos também na rede de atendimento de urgência e emergência. Objetivou-se identificar os desafios da humanização dentro de Unidades de Pronto Atendimento na visão dos gestores. Trata-se de um estudo exploratório, descritivo com abordagem qualitativa, realizado por meio de entrevista semiestruturada e registro em gravador de voz, com 18 gestores médicos e enfermeiros. Para análise sistemática dos dados utilizou-se a proposta operativa para análise de dados qualitativos. Emergindo as seguintes categorias: a Política Nacional de Humanização nas Unidades de Pronto Atendimento na visão dos gestores; fatores influentes que interferem no processo de humanização; e ações dos gestores na promoção da humanização nas Unidades de Pronto Atendimento. Constatou-se que a política nacional de humanização do SUS não está clara para todos os gestores, os quais indicam como fatores prejudiciais para humanização a elevada demanda de usuários, os fatores pessoais dos profissionais e dos usuários e as condições de serviço ofertadas. Manter-se presente nos serviços de saúde e desenvolver atividades de capacitação e orientação são atitudes positivas na visão dos gestores para o desenvolvimento da humanização.

**Palavras-chave:** Urgência. Emergência. Humanização da Assistência. Gestor de saúde.

## LOS DESAFÍOS DE LA HUMANIZACIÓN DENTRO DE UNIDADES DE PRONTA ATENCIÓN: LA VISIÓN DE LOS GESTORES

### RESUMEN

La Política Nacional de Humanización del Sistema Único de Salud (SUS) ha provocado cambios en el escenario nacional con impactos también en la red de atención de urgencia y emergencia. El objetivo fue identificar los desafíos de la humanización dentro de Unidades de Pronta Atención en la visión de los gestores. Se trata de un estudio exploratorio, descriptivo con abordaje cualitativo, realizado por medio de entrevista semiestructurada y registro en grabador de voz, con 18 gestores médicos y enfermeros. Para el análisis sistemático de los datos se utilizó la propuesta operativa para análisis de datos cualitativos, llegando a las siguientes categorías: la Política Nacional de Humanización en las Unidades de Pronta Atención en la visión de los gestores; factores influyentes que interfieren en el proceso de humanización; y acciones de los gestores en la promoción de la humanización en las Unidades de Pronta Atención. Se constató que la política nacional de humanización del SUS no está clara para todos los gestores, quienes indican como factores perjudiciales para humanización la elevada demanda de usuarios, los factores personales de los profesionales y de los usuarios y las condiciones de servicio ofrecidas. Mantenerse presente en los servicios de salud y desarrollar actividades de capacitación y orientación son actitudes positivas en la visión de los gestores para el desarrollo de la humanización. Urgencia. Emergencia. Humanización de la Atención. Gestor de salud.

**Palabras clave:** Urgencia. Emergencia. Humanización de la Atención. Gestor de salud.

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