Care and hospital ambience: perception of healthcare professionals

Acolhimento e ambiência hospitalar: percepção de profissionais da saúde

Acogida y ambientación hospitalaria: percepción de profesionales de la salud

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How to cite:
Oliveira C, Gomes CA, Pereira AD, Lomba ML, Poblete M, Backes DS. Care and hospital ambience: perception of healthcare professionals. Acta Paul Enferm. 2022;35:eAPE03216.

DOI
http://dx.doi.org/10.37689/acta-ape/2022A00321666

Keywords
Embracement; Hospital care; Humanization of assistance; Patient care team; Nursing care

Descritores
Acolhimento; Assistência hospitalar; Humanização da assistência; Equipe de assistência ao paciente; Cuidados de enfermagem

Descriptores
Recepción; Atención hospitalaria; Humanización de la atención; Grupo de atención al paciente; Atención de enfermería

Submitted
October 26, 2021

Accepted
December 7, 2021

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Associate Editor (Peer review process):
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Abstract

Objective: To assess healthcare professionals' perception of care and ambience, from the perspective of humanization references.

Method: This is a qualitative study carried out between February and June 2019, with 18 professionals from a medium-sized philanthropic hospital in the central region of the state of Rio Grande do Sul. Data were collected with the focus group technique and submitted to content analysis.

Results: The two thematic categories Care: from routine to qualified listening; and Ambience: from individuality to interactivity demonstrated complementary understandings. Care is associated with dialogic processes and ambience is related to comfort and to spaces that allow interaction between users, family members and staff.

Conclusion: Care and hospital environment go beyond physical improvements and professional or functional bonds. They can induce and enhance health promotion for managers, employees and users. They require, therefore, interactive and dialogic processes with simple gestures, respectful attitudes and motivating and health-enhancing practices.

Resumo

Objetivo: Conhecer a percepção de acolhimento e ambiência para profissionais de saúde, na perspectiva de referenciais da humanização.

Métodos: Trata-se de um estudo qualitativo realizado entre fevereiro e junho de 2019, com 18 profissionais de uma instituição hospitalar filantrópica de médio porte, localizada na região central do estado do Rio Grande do Sul. Os dados foram coletados com base na técnica de grupo focal e submetidos à análise de conteúdo.

Resultados: As duas categorias temáticas Acolhimento: da rotina à escuta qualificada; e Ambiência: da individualidade à interatividade denotam compreensões complementares. O acolhimento associa-se aos processos dialógicos e a ambiência relaciona-se às questões de conforto e aos espaços propícios à interação entre usuários, familiares e equipe de colaboradores.

Conclusão: O acolhimento e a ambiência hospitalar vão além de melhorias físicas e vínculos utilitaristas ou funcionais. Os mesmos podem ser considerados indutores e ampliadores de promoção da saúde, tanto de gestores e colaboradores quanto de usuários. Pressupõe-se, para tanto, processos interativos e dialógicos construídos com base em gestos simples, em atitudes respeitosas e em práticas motivadoras e potencializadoras de cuidado.

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Conflicts of interest: none.

Resumen

Objetivo: Conocer la percepción de acogida y ambientación para profesionales de la salud, desde la perspectiva del marco referencial de la humanización.

Métodos: Se trata de un estudio cualitativo realizado entre febrero y junio de 2019, con 18 profesionales de una institución hospitalaria filantrópica de porte mediano, localizada en la región central de estado de Rio Grande do Sul. Los datos fueron recopilados con base en la técnica de grupo focal y fueron sometidos al análisis de contenido.

Resultados: Las dos categorías temáticas Acogida: de la rutina a la escucha cualificada y Ambientación: de la individualidad a la interactividad denotan comprensiones complementarias. La acogida está asociada a los procesos dialógicos y la ambientación está relacionada con cuestiones de bienestar y con espacios propicios para la interacción entre usuarios, familiares y equipo de colaboradores.

Conclusión: La acogida y la ambientación hospitalaria van más allá de mejoras físicas y vínculos utilitaristas o funcionales. Estos pueden considerarse inductores y ampliadores de la promoción de la salud, tanto de administradores y colaboradores, como de usuarios. Para eso, se presupone que existan procesos interactivos y dialógicos construidos con base en gestos simples, actitudes respetuosas y prácticas motivadoras y fortalecedoras del cuidado.

Introduction

Care and ambience are fundamental hospital humanization strategies. Care is associated with trustful relationships and interactions between users, professionals and teams, as well as improvements in the caregiver's working conditions.[1,2] Ambience, in turn, goes beyond thermal, acoustic, visual or chemical factors, as it includes emotion, bonding and empathy. Ambience is related to three modules that expand in a circular and dynamic way: the valorization of elements that transform the environment in a space of intersubjectivities; the living space that enables the encounter and the production of subjectivities; and space as a dynamic tool for the work process.[3,4]

The hospital environment is often in a depersonalized and rational flow due to internal and external stressors.[5] At the same time, technical and scientific efficiency and administrative rationality in health have been losing space to devices that involve the relationships and human interactions and are based on solidarity, respect and ethics of work relationships.[6]

The hospital environment is a space of care that stimulates and nurtures dialogic and systemic possibilities. When professional practices are motivated by horizontal management and qualified listening, they generate care, singular and multidimensional care. The architecture associated with care and ambience is a strategic device for inducing hospital humanization.[7,8]

In this perspective, hospital humanization is a dynamic strategy that can enable affective and solidary exchanges, which contribute to the protagonism of autonomous subjects committed to the best health care practices. In this process, it is necessary to overcome traditional models of health management to change the way in which managers, workers and users interact with each other.[9,10]

Hospital humanization is widely discussed and appreciated in the practice of health professionals, but it still generates doubts and concern due to the traditional and vertical models of dynamization of the work. Thus, aiming to contribute to the advancement of discussions and the overcoming of vertical intervention approaches, the question of this study is: how do health professionals in a hospital institution perceive care and ambience? Therefore, the objective is to assess healthcare professionals' perception of care and ambience, from the perspective of humanization references.

Methods

This is a qualitative study,[11] following the Consolidated Criteria for Reporting Qualitative Research (COREQ).

The study was carried out with 18 professionals of different categories from a medium-sized philanthropic hospital, located in the South region of Brazil. The professionals that accepted the formal invitation within the stipulated period were 05 nurses, 09 nursing technicians, 01 physical therapist, 01 psychologist, 01 nutritionist and 01 pharmacy technician. The inclusion criteria were being a collaborator of the hospital institution studied and having more than six months of experience. Employees who were on vacation, sick leave or ma-

ternity leave in the period established for data collection were excluded from the study.

Data were collected using the focus group technique.[12] A total of three focus group meetings were held. The meetings were based on guiding questions focused on ambience and care as devices of the humanization process. This technique enabled a broad and in-depth debate on the themes between the participants, allowing them to rethink professional practice at an individual and collective level.[12]

The three focus group meetings were held between February and June 2019, on the premises of the studied hospital, during the participants' working hours. The meetings had an average duration of one hour and were coordinated by the main researcher and a professional responsible for digital recording and documentation. The data recorded were transcribed for further analysis and archived, as determined by ethical and legal regulations.

In the first focus group meeting, colored sheets were placed on the central table with the term "humanization" on the back. To start the dynamics, the participants were invited to reflect on what they understood by humanization and illustrate it in a spontaneous and creative way. After the stipulated time, the participants were asked to share their perceptions. For this purpose, a panel was provided for the employees to group their perceptions based on similarities and differences. Thus, a collective idea of humanization was synthesized based on three components: humanization centered on the user; humanization associated with professional relationships; and humanization as a management renewal process. This concept was deepened in subsequent discussions and resumed in the following focus group meetings.

The second focus group meeting began with the presentation of the synthesis of the first meeting and continued with the dynamics of the surprise box. Each professional was invited to remove a note related to care and ambience from the box and read the message aloud. Then, the others deliberated on which of the humanization devices that sentence referred to. The sentences were grouped in the panel to allow interaction and expanded understanding of ambience and care. Then, the participants were asked to form two groups to discuss how this collective construction could reverberate in professional practice. This meeting ended with a new synthesis and an invitation for the subsequent meeting.

In the third and final meeting, the synthesis of the two previous meetings was presented and, once again, the participants were divided in two groups, called Ambience and Care. Based on the theoretical and practical synthesis of the previous meetings, each work group was encouraged to list strategies for improving the hospital environment, which were later considered and implemented in the hospital, with the consent of the institution's managers. In this constructive dynamic, a strategy related to the promotion of more interactive, inclusive and care spaces for workers prevailed.

Data were coded according to Bardin's content analysis recommendations.[13] After transcribing the synthesis of the focus groups, the colorimetric method was used to signal the participants' speech based on the units of meaning. Finally, the thematic categories were created.

The project was approved by the Research Ethics Committee under CAAE: 04453118.1.0000.5306. Before the beginning of the focus group meetings, the participants signed the Informed Consent Form (TCLE). In order to maintain the participants' anonymity, their speeches were identified by numbers (P1, P2...) at their own suggestion.

Results

Two thematic categories emerged from data analysis: Care: from routine to qualified listening; Ambience: from individuality to interactivity, as detailed below:

Care: from routine to qualified listening

The collaborators exemplified their understanding of care based on their daily practices, which, sometimes, are reduced to a cold and depersonalized routine. In this context, qualified listening was highlighted as a dialogic process related to appreciation, respect for individuality, empathy and efficiency in care, as follows:

On the topic of care, there is the issue of qualified listening, right? Empathy, valuing the feelings of the person. Respecting the dignity of the user and the pain of the family member, without judging their past life. (P1)

We mentioned that you need to know how to listen attentively. In a delicate, more pliable and flexible way. It's not just rules, rules, rules. We have to stop, analyze, evaluate. Give clearer and more objective information. (P2)

Most of the participants mentioned that a care attitude in health is present in shared care, which transcends the routine and rules that are often imposed by the traditional vertical management model. They understand that care is effective when the bond between employees and users is horizontal and based on dialogue and collective reflection. In this direction, they suggest the inclusion and expansion of care in the relationship with family members and caregivers, who, in their perception, support the dynamics of comprehensive care.

We have to establish a horizontal relationship between collaborators and users... so that the person can understand why they have to do something. Unlike the vertical relationship, in which the person just obeys.(P1)

Trust is established when you explain what you are going to do and when you create relationships of empathy. As much as the person knows, even if they really know, when they are the one that needs that care, they seem to forget. It's nice when someone explains it to you again, when someone is interested in you and understands your needs. (P9)

The users are complemented in the relationship with their family members. Because sometimes they want to talk and we can not understand, you know? But they need that conversation, they need to be listened to. Sometimes it has nothing to do with the patient's health, you know? It's for them to calm down. It's not just about caring for the patient, you have to take care of the family member, the caregiver. (P7)

Regarding care, the collaborators reported that the work in a multiprofessional team is a strategy for an expanded understanding of health and care. They believe that, in this relationship, dialogue is the principle and foundation for cultivating care and motivating environments. However, they recognize that this process is often disregarded and/or relegated to the background due to the daily routine, as shown in the following statements:

This is the issue of interpersonal relationships that transcend the routine. It's the relationships of respect between colleagues, even with those from other areas, that demonstrate care attitudes. How are you going to welcome the user if you can not welcome your colleague? This also includes communication between sectors. (P2)

I believe that there should be a relationship of trust between professionals, not only with patients. But between professionals, being able to trust your colleague's work, to share knowledge, to count on the other to promote comprehensive care, all this I call care. (P4)

Most of the participants indicated that care the user/family requires care the team. This is associated with the ability to perceive and welcome the other (professional) who lives and shares the same work environment every day. In this direction, the question remains: how can I welcome the other (user) if I am not able to welcome the one who works with me on a daily basis?

The speech of the participants showed that care can set in motion the humanization of the hospital environment, as it allows the professional to feel human among other humans. Even though the professional is immersed in routines and vertical relationships, sometimes cold and depersonalized, employees yearn for alive and dynamic mechanisms that can enhance human care.

Ambience: from individuality to interactivity

Although most of the participants associated ambience with logistical and structural issues, it was noted that it goes beyond hard and static spaces.

In this context, they mentioned that ambience includes soft technologies, such as sociability, music, aesthetics, appreciation, leisure, colors, among other aspects, as shown below:

> *Ambience reminds me of interactivity, social relationships... it's like when I come here to do labor gymnastics, which requires a favorable environment to play a song, turn on some music to promote movement. (P5)*

> *As for the issue of ambience, leisure and the diversified activities that bring together and integrate the team... having an environment to take patients in a wheelchair, you know, to put them in a sitting position. So the ambience involves a lot of things... not only the interactions, but also the physical aspects. (P1)*

Among the ambience characteristics that need to be strengthened in the hospital, professionals expressed the need for improvements in the work process, as they recognize that ambience affects the well-being and health of both professionals and users. They observed that the environment should promote dialogic encounters, leisure and empathic interactions, considering that the human being is in constant interconnection with the environment, which is not reduced to the physical space. In this context, the participants mentioned that lack of ambience for resting can affect their professional performance. They showed that, in this relation, ambience is directly related to well-being and general conditions of healthcare.

> *The staff break room is a good place to rest, but it is not enough. Anyone who works in psychiatry or who comes from another sector knows that it is very hard to have silence. You need rest to replenish your energies. It has been scientifically proven that it is healthy to rest a little and return energized, you know? (P3)*

> *The break room shouldn't be just for you to go there and sleep. It can also be a space for you to talk, get to know each other, exchange ideas. One time we were passing by and there was a guy there (sitting), and then a colleague of mine asked, 'who's that over there?' and then we realized that we didn't know that coworker. (P7)*

The professionals indicated that the hospital environment must be characterized and understood in an expanded way, beyond the physical aspects. More than colors, acoustics, lighting, size, the environment contains lives that interact and share expectations and dreams. They indicated that the environment can promote healthy relationships, so that employees can find space to understand themselves as humans and promoters of healthy interactions. They also characterized ambience as a promoter of creativity, as it favors "a change of scenery". Under this approach, the collaborators reported that ambience directly interferes in the humanization of healthcare.

> *We thought about painting the goals on the ground... a volleyball court. To make a path like the ones at the university. The tracks could be painted for them to walk there. You know, to provide a change of scenery. (P4)*

> *This space here in the front... we could draw a hopscotch or something similar. It's good for the patient's family members, when they come for the weekend. It's an interactive way for the family member to play with the patient and for the patient to get better and interact with their children outside. (P13)*

From the perspective of professionals, the concept of ambience involves topics related to comfort, spaces that allow interaction between users, family members and staff, and a space for complaints, leisure, dialogue and waiting. In this relationship, the collaborators demonstrate that the hospitalized person does not cease to be a social subject. Beyond disease and treatment, the user is a social actor, that is, a being of relationships and interactions, who deserves good care and celebrations, as shown:

> *Sometimes it happens, it happened at the unit once, a family member wanted to celebrate the*

15th birthday of the girl who was hospitalized and didn't have an appropriate place to do it... the girl was turning 15, can you imagine? And she wanted to do something a little better and didn't have the means to do it. (P5)

The participants in general understood ambience as an interactive and cooperative space. They observed that the environment might be composed of the aesthetics of the walls, but above all, it is about the synergy of human connections and interactions. From this perspective, it was noted that a humanized environment constitutes a prospective strategy for the promotion of health for employees, users and family members.

Discussion

The contributions of this study are related to the advancement of the discussion about care and hospital ambience, through the perspective of health workers. The focus groups provided a space for sharing professional experiences, (re)signifying knowledge and practices and developing humanization strategies that can be implemented in hospital institutions.

From the perspective of humanization, the participants mentioned that the promotion of care and ambience requires qualified listening, consideration of the demands of users and soft technologies that go beyond physical walls and professional and functional bonds. It is necessary to create interactive and health-promoting environments that can stimulate hope and solidarity and enable less inhospitable, indifferent and anonymous work dynamics. Corroborating these findings, studies demonstrate the need to forge care bonds through simple gestures, respectful attitudes and motivating practices, which are within the reach of any human being,[14,15] such as celebrating the 15th birthday of a hospitalized patient.

Creating a hospital with a homelike architecture and characteristics, that is, with a nurturing and motivating ambience,[16] requires the cooperation of all its actors, such as managers, employees, users, family members and other associated services, as evidenced by the participants of this study. According to the participants, a homelike environment can transcend the idea of a disease-related hospital, often remembered for its dark and depersonalized ambience. The homelike hospital represents a place closer to people, a space for encounters and for sharing knowledge and practices. This homelike hospital must be a nurturing and health-promoting environment.

For the participants of this study, a hospital with homelike characteristics and a care ambience must keep its doors open, enabling both entrances and exits, that is, users who enter the space find comfort to their needs and those who leave are reborn and motivated to (re)start their journey. Corroborating this idea, another study mentions that the doors must be open both to welcome patients and to exit searching for new answers to social demands. [17] This process can be observed in each statement of the professionals, since they are open to care for their own health and well-being, through an ambience that promotes care and health for all those who seek the hospital.

Therefore, a care hospital ambience is one that can promote life and health, helping people in their basic human needs and providing them with comfort and relief. It is an institution that can promote nurturing relationships and collaborate with the promotion of health, as indicated by the study participants. In this relation, the human is a social being that interacts with the physical and social environment. The history that is constructed through the interactions in the hospital environment will lead to emotions and expectations that can be positive or negative and may affect the comfort and health improvement, as evidenced in previous studies.[18,19]

According to a previous study, comfort involves not only the choice of thermal, acoustic, visual, chemical or aesthetic criteria, but also emotion and pleasure.[20] This idea is demonstrated when employees refer to the comfort of the break room, the need to have spaces for dialogue and interaction, and the mechanisms that favor more interactive and cooperative work processes.

Factors such as signs that increase the autonomy of users and complementary equipment that in-

crease productivity and organize the flow of people do not encompass the real meaning of care and ambience. Ambience is, therefore, a meeting between subjects/humans, provided by an appropriate physical space and by the process of humanization.[21]

Public health policies recognize the importance of care and hospital ambience by emphasizing participatory management, expanded clinical care, the role of employees and users, collective movements, among other elements.[22] This perception is considered by employees when they associate care and ambience with relational and interactive processes, teamwork, respect for the uniqueness of each human being, among other aspects. The participants only mentioned the physical structure, technological resources and hospital materials in two occasions, showing that human bonds and interactions are above any physical structure.

Humanization, motivated by care and hospital ambience, requires overcoming vertical models of care and health management, with approaches that allow dialogue between users and employees and between coworkers, making them protagonists and co-responsible in care. From this perspective, hospital humanization cannot be understood as just another policy, but as a tool to make the work process and interprofessional relationships more dynamic.[23]

The limitations of this study are associated with the non-regular attendance of professionals in all the focus group meetings. In each of the three meetings, an average of three participants were absent. Even though they were not the same, the absences still had an impact when resuming the reflections.

Conclusion

In the perspective of humanization, care and hospital ambience go beyond physical improvements and professional or functional bonds. They require more engaged relationships and care bonds built with simple gestures, respectful attitudes and motivating and health-enhancing practices. Care and hospital ambience can induce and enhance health promotion and, in this relationship, favor and strengthen human relationships and interactions, as well as personal and multidimensional care. The results of this study show that investing in care and ambience does not require high investments in structure from the hospital management. Beyond that, it requires healthy professional relationships and interactions, valuing, respecting and meeting basic human needs. In conclusion, care and hospital ambience are related to the interactive and cooperative dynamics of workers and users. Thus, care environments that can generate synergy have repercussions on health promotion, professional motivation and job satisfaction.

Collaborations

Oliveira C, Gomes CA, Pereira AD and Backes DS collaborated with the project design, data collection, analysis and interpretation, article writing, relevant critical review of the intellectual content and final approval of the version to be published. Lomba L and Poblete M cooperated with the writing of the article, relevant critical review of the intellectual content and final approval of the version to be published.

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