



## CARE AND HUMANIZATION: PERSPECTIVES OF THE NURSING TEAM IN THE STABILIZATION ROOM AS PRIMARY ACTIONS

Adelita Barros de Aguiar<sup>1</sup>

Celeste Mendes<sup>two</sup>

### SUMMARY

Nursing is one of the professions that persist in caring for others. In this sense, he realizes that interpersonal relationships become of great importance, which is why the object of this research refers to the fact of understanding the importance of care in the hospital space, especially in the stabilization room, a space in which the user still feels insecure and who needs trust and security in relation to the procedures to be carried out and the relationship with the care that the profession entails. To this end, the following objectives were established: to characterize the care and humanization essential for the success of the nurse's performance in relation to stabilization procedures, considering the situations experienced on a given occasion as palliative resources that alleviate exhaustion and suffering. The research and survey of literature in the area are evident in the relationships between health work and attitudes that go beyond theories and that make them closer to the sick and their real needs. The quest to investigate the topic is justified by the concerns that affect users who feel insecure and sometimes frightened by the circumstances they are experiencing, and also by the promptness of nursing professionals who are not always able to carry out their professional activities with excellence due to the patient's non-acceptance. of acceptance of what is to come, or even a lack of preparation with such dramatic moments, hence the need for a more tender and affectionate look, where a synergy between professional and patient comes into play, thus trying to help them to overcome the desires and embarrassing situations that the situation presents.

**Keywords: Health, Nursing, Humanization. Stabilization room. Care**

### ABSTRACT

Nursing is one of the professions dedicated to caring for others. In this sense, it is recognized that interpersonal relationships become of great importance. Hence, the focus of this research is to understand the significance of caring in the hospital setting, particularly in the stabilization room – a space where the patient still feels insecure and requires trust and reassurance regarding the procedures to be performed and the care the profession entails. To achieve this, the following objectives were established: to characterize the essential care and humanization for the success of the nurse's role in relation to stabilization procedures, considering the situations experienced as palliative measures to alleviate distress and suffering. The research and literature review in the field highlights the connections between healthcare work and attitudes that go beyond theories, bringing professionals closer to patients and their real needs. The investigation into this topic is justified by the concerns affecting patients who feel insecure and sometimes frightened by the circumstances they are facing. Additionally, it is influenced by the promptness of nursing professionals who may not always perform their duties with excellence due to the patient's apprehension about what lies ahead or a lack of preparation for such dramatic moments. Hence, there is a need for a more tender and caring approach, fostering a synergy between the healthcare professional and the patient, aiming to help them overcome anxieties and embarrassing situations presented by the circumstances.

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### INTRODUCTION

The work proposed here brings a discussion about the studies carried out on necessary care.

real necessities carried out by nursing with actions that enable humanization in the stabilization room

1 Bachelor of Nursing, Working as a nurse in the State of Mato Grosso as Technical Nurse Responsible for Emergency Care in the Municipality of Diamantino. Nursing Coordinator in the Municipality of Diamantino.

2 PhD in Educational Sciences, Master in Educational Sciences. Specialist in Educational Management. TCC Guiding Professor. Pedagogue, pedagogical technical coordinator in Specialization courses and Masters and Doctorate courses. She currently works as a guiding professor in master's and doctoral courses and as a pedagogical advisor to academics.



and others involved in the health sector. Every hospital environment is surrounded by a lot of emotion and requires trained professionals to serve the population with professionalism, dedication, respect and humanization. However, stabilization rooms are spaces where tension and nervousness prevail, mainly because this space is prone to traumatic situations in which the user arrives at the emergency room needing to feel welcomed, in addition to the main care for stabilizing their life, which in most cases is sometimes in eminence.

The nursing professional's work is full of emotions and situations that involve other professionals, patients and their families and companions, as well as the intrinsic factors in each situation, facts that need to be controlled. Therefore, the present work has the general objective of characterizing the care and humanization essential for the success of the nurse's performance in relation to stabilization procedures, considering the situations experienced on a given occasion as palliative resources that alleviate exhaustion and suffering.

From this delimitation it is still possible to contemplate the specific objectives: reflect on the institution of nursing and its role in caring for users; understand the meaning that humanization entails in emergency situations; understand what humanization represents for nurses in service stations and health stabilization rooms; and identify the practices that nurses use to promote the humanization of user care in emergency situations.

In this way, the study is justified by the need to make evident the importance of actions that culminate in the true meaning of a practice based on humanization, considering the experiences lived by nursing professionals, as well as the interest in the theoretical content learned along this path. , is that the topic has become relevant, which has increased interest in this topic for carrying out this work, and in addition to enhancing the researcher's professional training, it will also serve as a basis for new studies and debates and notes on the functions and responsibilities of the nursing professional, being very relevant in the context of professional training and career improvement.

This work is a bibliographical review, using material available in the main sources of scientific research based on research on websites related to academic studies. This is a descriptive literature review study using scientific studies, derived from a literature review on the topic presented, based on searches on the Google Scholar, BVS and Scielo platforms, and service provision information in relation to nursing and health, with the following generating words: Humanization in health; Nursing; Health care and attention. From the bibliographic survey, the body of the text was developed, taking into account that the research material complied with the inclusion criteria corresponding to the topic, and was published completely and in Portuguese, thus excluding the searches that do not meet these specifications.

By observing the difficulties present in the provision of humanized care, at the end of this work it is concluded that in relation to the nurse's role, it is necessary to improve care in a humane way and understanding the interpersonal relationships that are relevant in the work environment. , based on a more humane and welcoming work methodology, with the development of attitudes that increase the capacity for humanization in the professional environment. so that treatment and respect activate the ethics and quality of the service provided.

## Health care as a form of care

Health care did not always receive the attention of professionals trained in this role, despite there being people dedicated to caring for others and providing care to those who really needed care, as according to Santos (2019, p.16) , "the new challenges that are posed to health professionals arise through the social, scientific and technological changes and alterations that have taken place has been seen in society in general and, in particular, in the health area."

Nursing is a profession that has specialized knowledge for caring for human beings, in the areas of health promotion, recovery and rehabilitation, as well as prevention of serious illnesses and is always at the forefront of care, taking risks and unpredictable situations. The field of study is evolving and constantly seeking to improve the care provided, finding precious attributes in research, which permeate the need to achieve excellence in the care provided to the population (PEREIRA, 2017).

In relation to the area of activity, it comprises pre-hospital care carried out in the places where the user is located, requiring the nursing professional to be qualified to offer immediate care.

and safe for the patient, whatever their condition, the nurse is always present. Spaces intended for emergency care have stood out as primary points of care for patients in serious situations and who need to have their functions stabilized so that the next care and interventions can take place. In this way, stabilization rooms function as a way to expand and qualify humanized and comprehensive access to users in urgent and emergency situations. According to Brazil (2013, p.5):

Ordinance No. 1,600, of July 7, 2011, reformulates the National Emergency Care Policy and establishes the Emergency Care Network in the Unified Health System (SUS). The organization of the Emergency Care Network (RUE) aims to articulate and integrate all health equipment, aiming to expand and qualify humanized and comprehensive access to users in urgent and emergency situations in health services, in an agile and timely.

The combination of different actions provided in relation to health care and the determination and commitment of professionals to the quality of actions are necessary requirements for success in the different environments in which they operate, being key elements for their future and that of others involved, constituting a major concern in relation to the different levels of success achieved (GOULART; CHIARI, 2010).

Therefore, reflecting on the practice in the stabilization room is something that cannot be discarded, since it is an environment for stabilizing critical and/or seriously ill patients, with imminent risk of losing their life or the function of an organ or system of the human body that has suffered a trauma or situation that requires immediate care.

As they are emergency spaces, stabilization rooms must guarantee 24-hour assistance, with health equipment and trained professionals. These spaces need to be articulated and connected to other levels of care, for subsequent referral to the health care network by the emergency regulation center, from which it is possible to provide the necessary care (BRASIL, 2013).

The quality of the work of nursing professionals who work in this sector is, therefore, linked not only to the attention given to patients, but to all actions related to their role in the service. The professional who works in this area must have sensitivity and contain a well-supported theoretical-scientific basis and based on maximum dedication in their work (CORDEIRO et.al., 2018).

As Cordeiro et.al., (2018) assert, the work carried out by nursing must maintain its standard of quality of care in order to achieve its proposal of developing essential care work, thought out and planned with other areas that equally provide care. differentiated healthcare.

To obtain good results, some factors must be observed, such as: organization of the system accessible to the entire population, organized and well-equipped spaces. The team must have professionals qualified to provide immediate assistance, who demonstrate knowledge regarding the use of all technological resources appropriate for their work. Their conduct must demonstrate respect for individual and regional values and beliefs, as due to the different problems that the user faces, due to the physiological changes of the pathological process, this becomes a great challenge for health professionals to adopt a holistic approach focused on essence of the human being (SANTOS,2019).

Knowing these factors, concerns about the nurse's attitude towards the situations they experience in everyday urgent and emergency situations are becoming increasingly evident, as in addition to representing the person who cares for and assists the attendant in relation to the first procedures, they must know how to listen and be present in silence when necessary, promoting the maintenance, recovery and rehabilitation of health, through care (MORAES, SANTOS, MERIGHI, & MASSAROLLO, 2014).

## The humanization of nursing services

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One of the great debates today regarding procedures that seek to adapt the humanization process within a hospital vision, a space in which awareness and competence are present so that the work takes place with precision, highlighting the satisfaction of duty accomplished. and the quality of the health service. Simões et al. (2007, p. 440) show that the concept of humanization has become a polysemic, subjective and complex expression, encompassing several purposes and interests, because according to these authors:

Oliveira, Collet and Viera (2006) show that humanization is related to the action and way of expressing the team that carries out the work, in the case under study it is directly associated with the way of treating and acting of the nursing team that is in charge. of the stabilization room, For the authors "humanization is a

broad, time-consuming and complex process, to which resistance is offered, as it involves changes in behavior, which always arouse insecurity and resistance” (OLIVEIRA, COLLET and VIERA, 2006, p. 84).

However, not all actions carried out are closely linked to people's temperament and personality, or related to their daily actions performed, Simões et al (2007, p. 440), still relate humanization to the way public policies perceive the users and how they classify the actions to be carried out in favor of better care, and to achieve this it is necessary for “political, administrative and subjective transformations to occur, requiring a change in the way of seeing the user, from a passive object to a subject”.

For Rios (2009, p. 253), debates about humanization lead to reflection on the “emergence of humanization in the historical and cultural context of our time”. The author asserts that:

Although the secular term 'humanization' may contain a Manichaeian trait, its historical use consecrates it as one that recalls movements for the recovery of forgotten or undermined human values in times of ethical laxity. (...) humanization emerges, again, at a time when postmodern society is undergoing a review of values and attitudes (RIOS, 2009, p. 254).

Just as in the whirlwind of emotions that you experience in your daily life, you need to feed on good feelings and strength and vigor for difficult times, and in this sense, the importance of humanizing care arises in the search for quality work, as reiterated by Morais (2016, p.14):

Humanization in healthcare has been associated with different and complex categories related to the production and management of healthcare, such as: comprehensiveness; user satisfaction; health needs; quality of care; participative management; protagonism of the subjects; in addition to assistance capable of providing reception, resolution, as well as aiming to improve the quality of life of the subjects. In this way, this work also seeks to constitute an instrument of this practice, contributing to the daily struggle in the field of tensions of Brazilian health policy (MORAIS, 2016, p.14)

According to the Ministry of Health, humanizing means offering quality care by articulating advances technological aspects with reception (MS, 2004).When considering the user as a receptacle of care, quality can be considered a social construction, produced based on references from the subjects involved, who attribute meanings to their experiences, privileging or excluding certain aspects according to a hierarchy of preferences.

The practice of humanized care in nursing is to highlight the moment in which we live in profound dehumanization, to the point that the neologism “humanization” was created in an attempt to make health care more dignified. Reflection on the humanization of nursing work: care is of great relevance, since the Unified Health System (SUS) has been committed, through public policies and campaigns, to improving care for users, based on the principles of integrality, equity and social participation, a fact that leads to the rethinking of everyday practices, with a view to valuing dignity. ity of both the worker and the SUS user (PEREIRA, 2017, p 164)

Despite being a recent subject, humanization in health emerged from the understanding of the human being as a person with thinking and decision-making capabilities in different contexts, whether individually, or even when referring to a team or work group. These actions are also intended to be concerned with issues related to health and care, promoting good professional development (BRASIL, 2014).

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The humanization of care is about taking actions in a judicious way and which has been evolving and gaining its space, but which has a lot to develop, as in addition to assisting, caring and respecting peculiarities, it must be recognized by the understanding given to others, regardless of your reality.

Humanization depends on the ability to speak and listen, as things in the world only become human when they go through dialogue with others, that is, making dialogue viable in human relationships and interactions (...) as a way of knowing others, understanding it and achieve the establishment of joint goals that can promote reciprocal well-being

It is through this interaction with others that we know and recognize ourselves as subjects; because human beings always need others (CORBANI, BRÊTAS and MATHEUS 2009). The authors cited above also point out that man ceases to be human if he does not receive care from birth until death, thus losing his purpose and thus destroying himself, because:

(...) care is a basic and existential human phenomenon, and care and humanization are inseparable. According to them, human is "human nature, kind and humanitarian, which has the same sense of humanity, which includes benevolence, clemency, compassion". When we stop caring for others, we gradually forget our humanity and move towards a process of dehumanization, with the term taking on a new meaning, that is, confronting dehumanization (CORBANI, BRÊTAS and MATHEUS, 2009, p. 350).

Humanizing means offering quality care, articulating technological advances with reception (MS, 2004). In this sense, the great challenge for true humanization consists of creating a new culture of care, based on the collective construction of measures proposed by the SUS. The daily implementation of the principles of the services offered is characterized as a humanization movement, as humanizing in health means meeting the needs of others responsibly, taking into account their reality and expectations. Acts that involve valuing everyone involved in the health area through the establishment of supportive bonds, highlighting collective participation in the management and care process. In this way, humanization is the process of producing health, providing comprehensive care to the user (MINISTÉRIO DA SAÚDE, 2003).

In this way, it is understood that humanization is associated with human rights, and must be applied in any form of care. When humanized assistance is provided, the user focuses on their care, and participates in the process, their doubts and desires are understood and in the relationship between the professional and the patient, the professional demonstrates effectiveness and sensitivity as necessary elements of care, making so that there is a meeting of attention and respect, maintaining ethical and supportive relationships (BENEVIDES et al., 2005). Ferreira (2005), emphasizes that;

As the term 'humanize' and all of its corresponding lexicon become recurrent in the speech of different actors in the process, there is an interpretation and applicability of these terms that depend on motivations, relationships with activities and the dynamics of established social relations (Ferreira, 2005, p. 113).

Thus, caring refers to an attitude, a way of giving attention, based on a true look at others and their feelings and anxieties. According to Carvalho (2002), the care provided by nursing is based on a holistic view of the human being, centered on the permanent relationship with others, a relationship that involves touch, communication and physical care.

#### **Essential actions for humanization in the treatment of users**

Based on the need to identify the practices that nurses use to promote the humanization of user care, in emergency situations that require stabilization of the situation they present, it is pertinent to understand the essential conditions that lead to balance. It is necessary that the nursing professionals who are responsible for this care pay attention to patients and their families with care that ranges from the way they speak, the way they carry out procedures in relation to medication, food and hygiene of patients and also the way in which He spares his attention by listening to him or letting him overcome his hurts and pains. Matsumoto (2012, p. 25), when dealing with the topic of patient assessment in Palliative Care, explains that:

Palliative Care requires refined technical knowledge, combined with the perception of human beings as agents of their life history and determinant of their own course of illness and death. The natural history of the disease, personal life history and physiological, emotional and cultural reactions to becoming ill are valued. On the other hand, attention is focused on controlling symptoms and promoting the well-being of the patient and their surroundings. Family members need to understand the evolution of the disease and the chain of events leading to the final event.

The author defends an individualized practice and believes that the best tool for a good palliation of symptoms is patient assessment. This position legitimizes the initial stages of the Nursing Process (NP) in patient care. With this, humanitarian work speaks louder in the relationship between nurses and patients, creating a bond of commitment and respect that permeates academic training and transforms professionals into listeners and comforters.

It should be noted, however, that when treating patients who are already in a terminal state, this care is increased, but in many cases, due to the worsening of the illnesses, many of these patients are already known to the care team and have already been through several service situations prior to the internship being announced. With this, previous links were established that led to knowledge of the patient's condition, their desires and needs. However, this situation is not a rule, and the patient was not always so susceptible when presented at this peculiar moment.

However, the team of nursing professionals must always be aware of all the factors that can contribute to carrying out proactive work. Data collection or nursing history encompasses patient assessment, the initial stage of planning and implementing nursing care for extremely vulnerable patients. Due to its specificity, you must use methods and instruments that take into account your individual needs.

Having identified the patient's individual biological, psychological and socio-spiritual needs, the nurse plans nursing care in a multidisciplinary context, which aims to offer him a dignified life in a terminal situation, a time in which hard and soft technology may lose prominence compared to therapeutic potential of light technology, with an emphasis on its relational aspect.

Silva (2021) highlights that to perform their work of caring for and assisting patients in their needs with ease and agility, nursing professionals need to use resources that guarantee the effectiveness of their actions, appropriating technologies with interaction and communication as manifestations of the competence of their procedures, leading to the search for answers to the situation.

According to Fernandes (2008), technology does not correspond only to the use of equipment and driving resources or that trigger actions from other structural elements that generate actions and reactions, but is based on the technology of knowledge, human understanding and reorganization of ideas that are accommodated with the purpose of creating ways to change postures and attitudes pragmatized by time and previous experiences, then involves knowledge and skills and needs to be distinguished from equipment or technological device.

For Araujo et.al (2021, p.72):

Care as a therapeutic relationship means meeting clients' needs in a sensitive and timely manner, through actions that promote patients' well-being. Therefore, care must include physical and emotional integrity. For this to be possible, the nursing team must develop observation and dialogue skills to identify clients' problems in their cultural and social environment.

In the SUS manual (Brazil, 2014), as nurses conquer spaces and seek to assume their duties autonomously, following technological advances in health sciences and the profession, doubts emerge regarding professional responsibility in its legal aspects.

In this context, Fernandes (2008) reiterates that care in the scope of activities that require the use of technological equipment, nurses experience many ethical and legal dilemmas in relation to professional responsibility, autonomy in relation to other professional categories, in addition to the legal competence to carry out procedures. .

He needs to pay extra attention when carrying out his work, as he serves the serious user who undergoes complex procedures, most of the time linked to qualified protocols with specificities, also, for the role of nurses. Therefore, the moment in which emergency care is given It requires speed and the nurse needs to be legally supported to carry it out (MIRANDA; MEN-DES; SILVA, 2016).

In this sense, Guimarães et.al (2017) warn that it is necessary to combine the co-scientific and academic knowledge and what refers to the construction of different knowledge associated with the theory built in training and the practice experienced where know-how and doing is evident. According to the aforementioned authors, the appropriation of technology results from knowledge that enabled this product, which was then converted into equipment, as it is about knowing how to do, or knowing how to use resources, technology cannot be seen only as something concrete, as a tangible product, as it is the result of work that involves

a set of abstract or concrete actions that have a purpose, in this case, health care.

Guimarães et.al (2017) also show that the use of resources known in the literature with light technologies makes it possible to carry out actions that emanate from interpersonal relationships associated with the professional's daily and routine work, enabling the search for balance between the real situation and the that you want to achieve.

In this sense, Carvalho (2015), nursing care is effective as the essence of the profession and belongs to two distinct spheres: an objective one, which refers to the development of techniques and procedures, and a subjective one, which is based on sensitivity, creativity and intuition. Thus, the concept of care becomes closely linked to the understanding of technology within the conceptions about nursing, which starts to designate the different work methods and actions relevant to the work carried out in the area, influenced by the moral, religious and professional training of those who work with them. comes across.

The author also reports that the detached feelings, the treatment and the way of conducting service and care situations, as well as the entire process of making the patient feel calm and at peace is the main resource that postulates light technologies within of nursing, regardless of material, hard, palpable resources, which may be symbolic, but have no significance without proper use.

For Araújo et.al (2021), relationships must always be well understood and, to this end, there must be an agreement between the patient and the care team, in which there can be commitment and trust between both. This factor will strengthen interpersonal relationships and make communication cleaner and with greater quality and safety.

In their work, the authors above report that professionals do much more than the actions relevant to the function they must perform or to dealing with medication, they are also involved with the wounds of souls, which cannot be identified in examinations or that is possible. treat with something tangible, but that can be softened, with a caress, a stroke, a hug or a gesture of compassion. It is at this moment that they need a charitable look, a touch that comforts and gives them strength to face the moments that lie ahead, from a hug of being able to offer their hand in moments of pain and despair and even though it can favor the understanding of the situation (SAMPALIO,2011).

According to Ferreira and Mendes (2021), continuing training and preparation activities for facing work activities are important for the team to remain engaged in the proposed activities, which is why study sections and continuing training must be conducted and aimed at eliminating noise in the activities carried out and training greatly contributes to this purpose. According to the authors:

In this way, understanding ethical knowledge as the theoretical contribution allows professionals to have full knowledge of the specific contents of accumulated experience, in addition to having historical and social knowledge that involves the different concepts and the applicability of this entire theory in the context in which they live. This systematized knowledge contributes to transformations and advances and validates the excellence of knowledge for today (FERREIRA; MENDES, 2021, p.4)

Carneiro et al., (2009), reiterate that teaching ethics in nursing care is extremely important, as from it it is possible to deepen knowledge about the theories of values and duties that guide you as a nursing professional, assuming responsibility in relation to care for each other.

According to Carneiro.et.al (2010), professional nursing activities become subjective and especially in medical treatment they assume this perspective, however the responsibility and actions in relation to seeking a less painful and more comfortable situation for patients raises the actions relevant to care to another level. In this sense, the practice associated with the knowledge and procedures carried out becomes therapeutic, forming part of a care process not only with well-being, but with everything that guarantees its efficiency.

In this sense, technical and scientific knowledge is not enough, but a portion of special attention and dedication to each situation ends up revealing itself as an intentional action of care over reality in the search for producing possibilities to make the treatment flow more smoothly. and with better quality. Among the functions of nurses are caring, assisting, informing and educating in the health area. This care is related to interaction with the patient, based on their needs and limitations.

## Final considerations

In the field of nursing, human care gains emphasis, and can also demonstrate an educational or instructional character when related to explanations and important information for carrying out a humanistic technical and ethical procedure when the human being is in a traumatic situation that requires urgent care. to achieve the stabilization of its functions, staying alive. Nursing work in stabilization rooms is based on activities carried out in the context of caring. And care and attention need to be doubled. Therefore, each service is a unique task, your action and attention depend on the way in which the actions are carried out, taking into account the moment, need and performance for each situation.

It is also noted that the way in which nurses make themselves available to others denotes their professionalism, understanding their anxieties and concerns, trying to be aware of their questions regarding the way of seeing themselves and handling the situation in which they are faced. they meet, especially in cases where the end is near, establishing a relationship of help-trust and understanding that nothing depends on them. Thus, for a helping-trust relationship to occur between both parties, this communication must be present based on compatibility, and nursing professionals must demonstrate genuineness in their interactions, using empathy as a way of communicating. harmonize with users' feelings; and warmth, when necessary in the positive acceptance of others with respect and ethics for their values and principles.

Expressions of affection, welcoming, acceptance and respect for the patient are evident as the most appropriate palliative measures for each situation. In this way, the patient realizes the need for empathy, comfort and tranquility. This interaction and communication allows the nursing professional to understand the needs and desires of patients, through words as a communication and dialogic factor. From there, the subjects involved in the care relationship become more intimate and familiar.

It is clear, then, that the interaction and communication between the patient and the nurse makes it possible to develop positive attitudes in listening, speaking and acting, often even in silence and in the way of looking or with body language and other essential characteristics. in care: Knowing how to listen to the patient. Trying to overcome adverse situations, trying to help in some way so as not to stress anymore are measures that guarantee a calmer and more promising treatment.

In this way, the communication between nurse and patient can be said to enable affection, whether through a tender look, a word of trust and reassurance, a gesture of solidarity, as in addition to making well and showing respect and attention, are also necessary to express the condition of being available to others.

Humanization corresponds to this integration based on principles and guidelines triggered by a method. Humanization is a methodology, one that presents a way of doing, dealing with and intervening in everyday problems. In relation to nursing work, it stands out for the inclusion of people, and the relationships between subjects in the management and care processes, which are inseparable. These elements are essential to the effectiveness of care, as they result in well-being and comfort for the client and can improve their physical and mental health.

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