

## HUMANIZATION OF NURSING CARE FOR THE FAMILY AT THE PEDIATRIC INTENSIVE CARE UNIT

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**ABSTRACT:** The aim of this research was to understand the perspective of parents or caregivers responsible for hospitalized children on humanization in nursing care at a pediatric intensive care unit. Descriptive and qualitative study developed at a university hospital in the interior of the State of Minas Gerais in 2013, using semistructured interviews. After the content analysis of ten testimonies, three thematic categories emerged: "conceptualizing humanized care", "humanized care by the nursing staff" and "humanized care at the hospital". According to the family, humanized care involves concepts like good relationship, education, respect, attention and welcoming, among others. The nursing staff delivers humanized care related to the technical and organizational aspects of the environment, but adopts attitudes (distraction and personal conversations, absence from the sector and lack of kindness) characterized as non-humanized. The need is highlighted to value the family, being an essential aspect for nursing care to be developed with humanization, ethics, respect and cooperation.

**DESCRIPTORS:** Humanization of Assistance; Family Nursing; Pediatric Nursing; Patient-Centered Care; Intensive Care Units, Pediatric.

### HUMANIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM À FAMÍLIA NA UNIDADE DE TERAPIA INTENSIVA PEDIÁTRICA

**RESUMO:** Objetivou-se compreender a visão de pais ou familiar responsável pela criança hospitalizada sobre humanização no atendimento da equipe de enfermagem em unidade de terapia intensiva pediátrica. Pesquisa descritiva, qualitativa, desenvolvida em hospital universitário no interior de Minas Gerais no ano de 2013, por meio de entrevista semiestruturada. Após a análise de conteúdo de dez depoimentos, emergiram três categorias temáticas: "conceituando o cuidado humanizado", "cuidado humanizado da equipe de enfermagem" e "cuidado humanizado na instituição hospitalar". Na visão da família, o cuidado humanizado perpassa por conceitos como o bom relacionamento, educação, respeito, atenção e acolhimento, entre outros. A equipe de enfermagem presta assistência humanizada com relação aos aspectos técnicos e de organização do ambiente, porém exerce atitudes (distração e conversas pessoais, ausência do setor e falta de gentileza) caracterizadas como não humanizadas. Evidencia-se a necessidade de valorização da família, aspecto essencial para a assistência de enfermagem se desenvolver com humanização, ética, respeito e colaboração.

**DESCRIPTORIOS:** Humanização da assistência; Enfermagem familiar; Enfermagem pediátrica; Assistência centrada no paciente; Unidades de terapia intensiva pediátrica.

### HUMANIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA A LA FAMILIA EN LA UNIDAD DE TERAPIA INTENSIVA PEDIÁTRICA

**RESUMEN:** La finalidad fue comprender la visión de padres o familiar responsable por el niño hospitalizado sobre la humanización de la atención del equipo de enfermería en una unidad de terapia intensiva pediátrica. Investigación descriptiva, cualitativa, desarrollada en hospital universitario del interior del estado de Minas Gerais en 2013, por medio de entrevista semi-estructurada. Después del análisis de contenido de diez declaraciones, emergieron tres categorías temáticas: "conceptuando el cuidado humanizado", "cuidado humanizado del equipo de enfermería" y "cuidado humanizado en la institución hospitalaria". En la visión de la familia, el cuidado humanizado atraviesa conceptos como el buen relacionamiento, educación, respeto, atención y acogida, entre otros. El equipo de enfermería proporciona atención humanizada en relación a los aspectos técnicos y de organización del ambiente, pero practica actitudes (distracción y conversaciones personales, ausencia del sector y falta de gentileza) caracterizadas como no humanizadas. Se evidencia la necesidad de valorizar a la familia, aspecto esencial para que la atención de enfermería pueda desarrollarse con humanización, ética, respeto y colaboración.

**DESCRIPTORIOS:** Humanización de la Atención; Enfermería de la Familia; Enfermería Pediátrica; Atención Dirigida al Paciente; Unidades de Cuidado Intensivo Pediátrico.

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## ● INTRODUCTION

Humanization is the valuation of respect for life and covers aspects of collective human life, such as social, moral, educational, psychological and emotional issues<sup>(1)</sup>. Humanizing means acting as a human, offering dignified and valuable care, with benevolence, fraternity and dedication<sup>(2)</sup>.

The National Humanization Policy (NHP) was outline to improve health, the supply of humane, comprehensive and dignified care, with responsible professionals who are aware of the importance of such attitudes<sup>(3)</sup>. Based on guiding principles of the NHP, such as co-accountability, autonomy and prominence, running through the guideline of welcoming<sup>(3)</sup>, humanization as a cross-sectional policy guides the co-management between users and the workers of the health system, which is a premise for the new care culture and influences nursing care<sup>(2)</sup>.

The combination of welcoming and technological development characterizes high-quality care, and consequently means humanizing<sup>(3)</sup>. Welcoming means establishing bonds with mutual trust between professional and user, solidifying their duties and rights in the health system. Considering the hospitalized child, the relatives are affectively and effectively involved in this process and should be welcomed by a nursing staff that is prepared and sensitized, permitting humanized and conclusive care<sup>(4)</sup>.

Pediatric nursing, based on the premises of patient and family-centered care, considers the family as a care unit and all of its members, besides the child, are taken into account. This care philosophy has the following advantages: encouragement of commitment in the equalitarian division of care responsibilities for the sick relatives, possibility to expand intra-hospital care to the community and the family and sick child's involvement in their health needs<sup>(5)</sup>.

The nursing professionals stay close together with hospitalized children and their relatives over a longer period of time, turning into reference persons at the hospitalization site and in the improvement of care actions based on the principles of humanization<sup>(4)</sup>. In hospital, the family is the child's support and, even in this situation of vulnerability and anguish, continues executing the household care. During hospitalization, by dialoging with the family, the nursing professional guides them for the purpose of the care and favors the emergence of new skills, overcoming their weakness to turn into active subjects in the therapeutic process, offering the hospitalized children a climate that is favorable to their wellbeing<sup>(6)</sup>.

At the pediatric intensive care unit (PICU), the family members who accompany children express feelings like fatigue, exhaustion, burnout, anguish; concern and sadness related to the hospitalization process; limitation of hours to spend at the child's side; lack of bonding and dialogue with the professionals; association of the word ICU with death. A good relationship between family and professionals is fundamental, besides the transmission of all information regarding the treatment and the child, reducing the manifestation of these emotions<sup>(7)</sup>.

The child's hospitalization is a situation of insecurity, difficulties and potential trauma for the family, causing fears and motivating caregivers to intensify the attention they pay to the professionals and the care that is delivered to their children. The nursing staff delivers care, which is a set of procedures to contribute to the recovery of the child's health and should be shared with the family. The care act goes beyond the technical foundations and includes the premise of humanized care for the family, attending to the family members' needs, welcoming, respecting, understanding and reducing their suffering<sup>(8)</sup>.

Attending to families that manifest their needs and perceptions about the care they receive makes the professionals reflect and change their attitudes, excelling through humanized and high-quality actions in all aspects of care for the patient and family.

The objective in this study was to understand the perspective of parents or caregivers responsible for hospitalized children on humanization in nursing care.

## ● METHOD

Descriptive and qualitative study developed at the PICU of a large university hospital located in the interior of the state of Minas Gerais. The study participants were ten caregivers responsible for children hospitalized at the PICU, with family and affective bonds and over 18 years of age. Occasional caregivers without family and affective bonds were excluded. The number of participants was defined by the data saturation criterion of qualitative research.

The data were collected between October and November 2013 through explanations about the research, after a preliminary appointment with each family member, signing of the Informed Consent Form and individual interview at a private room of the PICU. A semistructured script with the following guiding questions was used as a research tool: "In your opinion, what does humanized care mean?"; "What are your needs regarding the care received from the nursing staff?"; "Have you and your family received humanized care from the nursing staff?"; and "What do you observe that is humanized and not humanized in the PICU nursing staff?".The interviews to collect the information were held orally, face to face, based on the relatives' self-reporting, recorded and fully transcribed.

To guarantee anonymity, the participants' testimonies were named "Relative", followed by the number corresponding to the order of the interview. The subjects' common points about the theme were identified for the sake of categorization. The discourse analysis was guided by Bardin's Content Analysis method, including the following phases: pre-analysis; exploration of the material; treatment of the results and interpretation<sup>(9)</sup>.

The theoretical framework used to discuss the findings was the National Humanization Policy and scientific literature on the theme humanization.

The research was undertaken with the approval of the Ethics Committee for Research Involving Human Beings at Universidade Federal de Uberlândia, opinion 397.221, in compliance with the ethical standards established in National Health Council resolution 466 from 12/12/12<sup>(10)</sup>.

● **RESULTS**

Based on the content analysis of the ten testimonies by nine mothers and one grandmother of the children hospitalized at the PICU, three thematic categories and subcategories emerged concerning the conceptual aspects of the family's view on humanized care, offered by the nursing staff and the hospital, as observed in Table 1.

**Conceptualizing humanized care**

The mothers and grandmother mention not knowing what humanized care is. While the dialogue developed, they expressed their thoughts on what care and what humanized care should be like, conceiving the subcategory "Humanized care is the good relationship, education and respect":

*I've never heard of what humanized care is, I haven't got a clue. (Relative 3)*

*I don't know what it is, I haven't got a clue[...I] was treated very well here. [...]they treat us well. (Relative*

Figure 1 – Humanized care at the pediatric intensive care unit according to the family. Uberlândia, MG, Brazil, 2013

Thematic Category	Thematic subcategory
1. Conceptualizing humanized care	1.1 Humanized care is the good relationship, education and respect
	1.2 Humanized care is being informed and guided by the PICU staff
	1.3 Humanized care is special, it means getting help, kindness, it is comforting, calming down and welcoming
2. Humanized care by the nursing staff	2.1 The technical aspects: hygiene, organization and care
	2.2 The non-humanized nursing staff
3. Humanized care at the hospital	3.1 Family members' needs and care observations

5)

*Look, like, really well. We come here, the children are well treated[...]the way they treat us is excellent[...] to treat well, that is humanization. (Relative 7)*

Concerning the subcategory “Humanized care is being informed and guided by the PICU staff”, the PICU professionals offer information, according to the relatives:

*[...]humanized what I think is that they see our suffering, so they comfort, tell everything that is happening. (Relative 7)*

*[...]because sometimes the doctor is not there all the time to be able to give a status report, he comes afterwards, the first contact you have is with the nursing staff, to transmit us tranquility. (Relative 9)*

In the following excerpts, on the opposite, the relatives mention the delay to receive news upon the child’s admission and the absence of information:

*[...]there could be at least one person to come and talk first, to calm us down. (Relative 10)*

*[...] they do not talk, we have to keep on asking all the time, sometimes it even bothers, but what can we do, because they won’t say anything to the parents. (Relative 2)*

The thematic subcategory “Humanized care is special, it means getting help, kindness, it is comforting, calming down and welcoming” refers to the feelings the professionals manifest when they take care of the child at the PICU, as perceived by the companions:

*[...]you need all kinds of things there, not just hygiene, but mainly love really, so they give that to the child[...]and even to us they’re really attentive, try to talk to us. (Relative 1)*

*A kind of care with love[...]the most important to me is that really, love, attention, kindness, humanity towards us.(Relative4)*

*I was very well attended, they welcomed me here, I have nothing to complain of[...]the girls from the nursing staff, they arrived, gave a hug, talked, explained everything correctly, they made me feel calmer. (Relative10)*

### **Humanized care by the nursing staff**

The nursing staff’s hand washing, advice to the relatives, cleaning and organization of the sector, were subcategorized under “The technical aspects: hygiene, organization and care”, as evidenced in the interviews:

*It’s good for me, there’s hygiene, there’s a lot of care. [...]In my opinion the hygiene aspect is very good. (Relative1)*

*They explain the hygiene, they are all correct in that part, because they explain us often when there’s time, in that sense they are highly organized. (Relative2)*

*And the place where we stay is always organized, there’s no mess[...]the nurses also give the medicine at the right time. If a device went off, they go there to check why the device is beeping. (Relative3)*

The subcategory “The non-humanized nursing staff” was inferred from the interviews:

*[...] there are many small groups meeting at the same place, not giving care to the child[...]but there are others who don’t [talk to the mother], and we face that a lot(Relative2)*

*[...]there was a nurse who was there playing with her mobile phone, I don’t even know where the others were. (Relative6)*

*Because the shifts change, then some are a bit nicer, others a bit harsher, it depends on the change of the staff in there. (Relative7)*

## Humanized care at the hospital

The companions acknowledge the good care provided at the PICU, but the aspect of not staying during the night was recurrent in the discourse, covered in the category "Family members' needs and care observations", as highlighted in the following excerpts:

*[...]but we see there are rules to follow here. It's very well organized here[...]as a mother I want many things, because I would like to sleep with my daughter, I wouldn't want to leave her side never. (Relative10)*

*Just the fact of not sleeping, staying with her, because I've never left her[...]I know she's fine, she's safe, nobody will take her from there[...]what is not humanized is that I would like to sleep with her but I'm not allowed to. (Relative7)*

## ● DISCUSSION

Humanized care, according to the family members of children hospitalized at the PICU, involves attitudes like education, respect, good relationship, in line with the National Humanization Policy (NHP), which recommends a distinguished relationship between professionals and users.

The NHP proposes a better joint life among the stakeholders in the hospitalization process by offering dignified welcoming to the users. Humanizing includes the advancement of the relationship between the professionals and the people receiving care, outlining the purpose of humanization, which is to improve the health offered to the population<sup>(3)</sup>.

The premises underlying the practice of humanized care are health practices that respect the individuality of the human being and cover all dimensions: biopsychosocial, cultural and spiritual. The nursing staff's actions in response to these bioethical principles rest on a good human relationship, with education and empathy. Based on efficient communication, the interpersonal relationships are permeated by holistic attitudes that put in practice humanized nursing care<sup>(11)</sup>.

The testimonies highlight that the information about the children's health condition and the clinical conduct generate the relatives' satisfaction or concern. Premises that permit interaction between the family and the nursing staff includes the transmission of accessible information to understand the child's health condition, including explanations about the disease, diagnosis, treatment, orientations after discharge, types and motives for the procedures, as well as drug administration at the correct times<sup>(12-13)</sup>.

The family positively acknowledges nursing care through demonstrations of concern, zeal, interaction with the child and supply of fundamental information for care, besides the clarification of doubts<sup>(8)</sup>.

The hospitalization affects communication and is precarious between the family and the professionals. The work at the PICU requires concentration, agility and caution in the execution of activities, with greater attention for technological and administrative aspects and procedures, consequently reducing skills related to the dialogue with the family<sup>(7)</sup>.

To eliminate communication errors, the inpatient service should offer support to the patients and family members starting from the admission, explaining orientations about existing rules at the sector, visiting times and stay at the unit, besides explanations and advice on the patient's clinical condition<sup>(14)</sup>.

The reports reveal that humanized care involves receiving help, kindness and attention from the professionals, including attitudes to comfort, calm down and welcome the family. Humanized care should be inspired by the intention to welcome and respect the human being, who is unique and dignified<sup>(1)</sup>. As a guideline of the NHP, welcoming is the attitude of offering a care that is accountable to the person being attended, as well as listening, understanding of the feelings and commitment to the solution of the reason why the user came to the service throughout his stay at the institution<sup>(15)</sup>.

Welcoming is a way to comfort the patient and the family because, when interacting, the professional listens to the users' needs, trying to understand and respond to them and that allows the humanization

to happen. The professional's ethical posture is fundamental for the sake of welcoming care. Welcoming should be part of the treatment and be offered continuously by any health team member<sup>(16)</sup> and the implementation of the NHP proposes the consolidation of priorities, including welcoming and problem-solving care<sup>(3)</sup>.

In the testimonies, technical aspects emerged, such as the cleaning and organization of the sector, hand washing, orientation about the routines to the family members and nursing care in drug administration, which are characteristic of the PICU, a sophisticated technological sector for care delivery to children in critical conditions.

Nursing is a profession known for care and respect is needed for the person receiving care<sup>(17)</sup>. By understanding the singularity of each patient who is interrelating with his relatives, the care provider takes them into account during care. Thus, the nursing professional should be capable of executing the technical procedures effectively, as the technological issues are fundamental. Nevertheless, human aspects are inherent in the care routine and humanized care is accomplished personally, through individual instead of catalogued or standardized actions<sup>(18)</sup>.

The Brazilian health system, with changes deriving from the incorporation of the principles of the Unified Health System, is still discussing the organization of the health services and work, which determine the ways in which health is promoted. One of the challenges is to strengthen aspects of the health concept, such as cultural, economic and social production, overcoming the biomedical cultural concept that is still present, which considers health as the absence of disease<sup>(8)</sup>.

Some statements revealed that the nursing team's personal attitude is opposed to the concepts the interviewees formulated, characterizing non-humanized care.

When inserted in the care context, the users expect the professionals to adopt attitudes and behaviors that are suitable in the health sphere. And with regard to humanization, they acknowledge the value of effective communication, of attitudes of concern and responsibility, are the social representation about the nursing staff in the essence and particularity of comprehensive and holistic care for human beings. The urgent need to aggregate the quality of human relationships to the technical-scientific concepts of nursing care is evidenced, with a view to attending to the premises of the NHP<sup>(19)</sup>.

The professionals should execute the attitudes of reciprocity, shelter, welcoming and support for other people, as these characterize the method of the NHP that guides the inclusion of users, workers and managers in the health production processes, moving towards the guidelines of co-management, welcoming, defense of users' rights, valuation of health work and workers, among others<sup>(8)</sup>.

The concept of humanization also involves the structural improvement of the service, reorganization of health work and critical reflection on the humanization concepts of the nursing staff. These aspects should be discussed for the professionals to consolidate the principles of the NHP, putting an end to protocol practices and individualistic convictions, accomplishing the change processes of the subjects who produce health<sup>(19)</sup>.

The family members' needs were manifested in the desire to stay at the hospitalized child's side and also accompany the children at night, when they are instructed to leave the PICU. In this scenario, the relatives' needs involve different dimensions, and the mother feels she should be at her child's side at all times during the treatment to defend him/her against suffering<sup>(12)</sup>.

In view of the purpose of protecting the child, the family members expect to guarantee safety and wellbeing, in the form of surveillance, maintenance of the parental role and control of the situation. Other needs of the family members are to accompany the children to calm them down and participate during painful times and procedures<sup>(13)</sup>.

The nursing staff should use strategies to consolidate the humanization for the patients and their relatives, such as the implementation of discussions groups to share learning and reflect on experiences, aiming to make the staff sensitive to the family's importance, offering support and care<sup>(20)</sup>.

## ● FINAL CONSIDERATIONS

Through this study, the perspective of the family members (mothers and grandmother) who accompanied the children hospitalized at the PICU could be understood concerning humanized nursing care.

The family members were not familiar with the concept of humanized care, but defined it as a good relationship, education, respect, being informed and advised by the service team, receiving help, kindness, attention, comforting, calming down and welcoming.

They reported that they received humanized care from the nursing staff and considered the technical aspects of this care, with ethical and emotional values, in addition to non-humanized situations. They expressed their needs, such as staying at the child's side throughout the hospitalization period, lack of information, lack of clarifications about the clinical condition when admitted, causing anguish and anxiety.

As a group, the companions consider care as the relations among the subjects (professionals, patient and family) intertwined in the pediatric care context at the PICU.

The family is a fundamental element in the child's hospitalization process, and knowing family members' perception about nursing care allows these professionals to offer care with a humane, dignified, ethical, respectful and collaborative focus, establishing a good relationship with the relatives to attend to their own and the hospitalized children's needs.

This study is limited by the use of a non-probabilistic and small sample, in line with the premises of qualitative research in a single context. This fact does not permit inferences, generalizing the discourse on the humanization of PICU nursing care to all pediatric patient care realities. Therefore, further research is needed on the humanization of nursing in other care contexts for children without or with moderate technological demands.

## ● REFERENCES

1. Ministério da Saúde (BR). Secretaria de Assistência à Saúde. Programa nacional de humanização da assistência hospitalar (PNHAH). [Internet] Brasília: Ministério da Saúde; 2001 [acesso em 10 nov 2015]. Disponível: <http://bvsmms.saude.gov.br/bvs/publicacoes/pnhah01.pdf>.
2. Chernicharo IM, da Silva FD, Ferreira MA. Caracterização do termo humanização na assistência por profissionais de enfermagem. Esc. Anna Nery. [Internet] 2014; 18(1) [acesso em 10 dez 2015]. Disponível: <http://dx.doi.org/10.5935/1414-8145.20140023>.
3. Ministério da Saúde (BR). Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. [Internet] Brasília: Ministério da Saúde; 2004 [acesso em 10 nov 2015]. Disponível: [http://bvsmms.saude.gov.br/bvs/publicacoes/humanizasus\\_2004.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/humanizasus_2004.pdf).
4. Mariano LRA, Backes DS, Ilha S, Nicola GDO, de Freitas HMB, Ferreira CLL. Significado da internação hospitalar pediátrica na perspectiva de profissionais e familiares. Cogitare Enferm. [Internet] 2011; 16(3) [acesso em 10 dez 2015]. Disponível: <http://dx.doi.org/10.5380/ce.v16i3.24224>.
5. Pinto JP, Ribeiro CA, Pettengill MM, Balieiro MMFG. Cuidado centrado na família e sua aplicação na enfermagem pediátrica. Rev. bras. enferm. [Internet] 2010; 63(1) [acesso em 10 nov 2015]. Disponível: <http://dx.doi.org/10.1590/S0034-71672010000100022>.
6. Strasburg AC, Pintanel AC, Gomes GC, Mota MS. Cuidado de enfermagem a crianças hospitalizadas: percepção de mães acompanhantes. Rev. enferm. UERJ. [Internet] 2011; 19(2) [acesso em 10 dez 2015]. Disponível: <http://www.facenf.uerj.br/v19n2/v19n2a15.pdf>.
7. Nieweglowski VH, Moré CLOO. Comunicação equipe-família em unidade de terapia intensiva pediátrica: impacto no processo de hospitalização. Estud. psicol. [Internet] 2008; 25(1) [acesso em 19 nov 2015]. Disponível: <http://dx.doi.org/10.1590/S0103-166X2008000100011>.
8. Gomes GC, Xavier DM, Pintanel AC, Farias DHR, Lunardi VL, Aquino DR. Significados atribuídos por familiares

na pediatria acerca de suas interações com os profissionais da enfermagem. Rev. esc. enferm. USP. [Internet] 2015; 49(6) [acesso em 18 dez 2015]. Disponível: <http://dx.doi.org/10.1590/S0080-623420150000600011>.

9. Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2011.

10. Ministério da Saúde (BR). Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília; 2012.

11. Peres EC, Barbosa IA, da Silva MJP. Cuidado humanizado: o agir com respeito na concepção de aprimorandos de enfermagem. Acta paul. enferm. [Internet] 2011; 24(3) [acesso em 12 dez 2015]. Disponível: <http://dx.doi.org/10.1590/S0103-21002011000300005>.

12. de Albuquerque DB, de Moraes RCM, de Macedo IF, Vieira RFC, de Souza TV. A família no cenário hospitalar pediátrico a partir da década de 1990: uma revisão integrativa. Cogitare Enferm. [Internet] 2013; 18(4) [acesso em 20 nov 2015]. Disponível: <http://dx.doi.org/10.5380/ce.v18i4.34938>.

13. Andrade RC, Marques AR, Leite ACAB, Martimiano RR, dos Santos BD, Pan R, et al. Necessidades dos pais de crianças hospitalizadas: evidências para o cuidado. Rev. Eletr. Enf. [Internet] 2015; 17(2) [acesso em 15 dez 2015]. Disponível: <http://dx.doi.org/10.5216/ree.v17i2.30041>.

14. Coutinho SB, Lange C, Pereira PM, dos Santos F. Dificuldades enfrentadas pela família durante a hospitalização de um familiar. J Nurs Health. [Internet] 2012; 2(SupplS310-7) [acesso em 28 nov 2015]. Disponível: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/3516>.

15. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: Documento base para gestores e trabalhadores do SUS. [Internet] 4ª ed. Brasília: Ministério da Saúde; 2008 [acesso em 15 nov 2015]. Disponível: [http://bvsmms.saude.gov.br/bvs/publicacoes/humanizasus\\_gestores\\_trabalhadores\\_sus\\_4ed.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/humanizasus_gestores_trabalhadores_sus_4ed.pdf).

16. Gibaut MAM, Hori LMR, Freitas KS, Mussi FC. Conforto de familiares de pessoas em Unidade de Terapia Intensiva frente ao acolhimento. Rev. esc. enferm. USP. [Internet] 2013; 47(5) [acesso em 15 dez 2015]. Disponível: <http://dx.doi.org/10.1590/S0080-623420130000500015>.

17. de Oliveira JG, Vianna AA. Hospital nursing and humanization: knowledge of undergraduate nursing student. J Health Sci Inst. [Internet] 2013; 31(3) [acesso em 12 nov 2015]. Disponível: [http://200.136.76.129/comunicacao/publicacoes/ics/edicoes/2013/01\\_jan-mar/V31\\_n1\\_2013\\_p36a42.pdf](http://200.136.76.129/comunicacao/publicacoes/ics/edicoes/2013/01_jan-mar/V31_n1_2013_p36a42.pdf).

18. Duarte MLC, Noro A. Humanização: uma leitura a partir da compreensão dos profissionais da enfermagem. Rev. Gaúcha Enferm. [Internet] 2010; 31(4) [acesso em 15 dez 2015]. Disponível: <http://dx.doi.org/10.1590/S1983-14472010000400011>.

19. Chernicharo IM, de Freitas FDS, Ferreira MA. Humanização no cuidado de enfermagem: contribuição ao debate sobre a Política Nacional de Humanização. Rev. bras. enferm. [Internet] 2013; 66(4) [acesso em 10 nov 2015]. Disponível: <http://dx.doi.org/10.1590/S0034-71672013000400015>.

20. Wegner W, Pedro ENR. Concepções de saúde sob a ótica de mulheres cuidadoras-leigas, acompanhantes de crianças hospitalizadas. Rev. Latino-Am. Enfermagem. [Internet] 2009; 17(1) [acesso em 15 nov 2015]. Disponível: <http://dx.doi.org/10.1590/S0104-11692009000100014>.