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# The elder and humanization: literature review

La humanización propuesta a los ancianos durante la asistencia

A humanização proposta ao idoso durante o atendimento

## ABSTRACT

**Objective:** to verify the contribution of literature on elderly patients and humanized care, seeking to answer the question: what is the contribution of literature to the proposal of humanization to the elderly during care? **Method:** Articles published in full between 2008 and 2015, in Portuguese, were included in the Scielo, Bireme and Scopus databases. Bardin's methodological framework was used, which allowed the study to be organized into three different categories. **Results:** The categories obtained through the literature were: humanization as a premise in caring for the elderly; the team or institution as a promoter / supplier of humanization for the elderly; the elderly's perception of humanization. **Conclusion:** Humanization is a strategy for differentiated service, and is associated with a better level of service, feeling of recognition and respect for such attitudes.

**DESCRIPTORS:** Humanization. Elder. Nursing.

## RESUMEN

**Objetivo:** verificar el aporte de la literatura sobre el anciano y el cuidado humanizado, buscando dar respuesta a la pregunta: ¿cuál es el aporte de la literatura a la propuesta de humanización del anciano durante el cuidado? **Método:** Los artículos publicados íntegramente entre 2008 y 2015, en portugués, se incluyeron en las bases de datos Scielo, Bireme y Scopus. Se utilizó el marco metodológico de Bardin, que permitió organizar el estudio en tres categorías diferentes. **Resultados:** Las categorías obtenidas a través de la literatura fueron: humanización como premisa en el cuidado del adulto mayor; el equipo o institución como promotor / proveedor de humanización para personas mayores; percepción de los ancianos sobre la humanización. **Conclusión:** La humanización es una estrategia de servicio diferenciado, y está asociada a un mejor nivel de servicio, sentimiento de reconocimiento y respeto por tales actitudes.

**DESCRIPTORES:** Humanización; Anciano; Enfermería.

## RESUMO

**Objetivo:** verificar qual a contribuição da literatura sobre paciente idoso e o atendimento humanizado, buscando responder à questão: qual a contribuição da literatura para a proposta da humanização ao idoso durante o atendimento? **Método:** Foram incluídos artigos publicados na íntegra entre 2008 e 2015, em língua portuguesa nas bases de dados Scielo, Bireme e Scopus. Foi utilizado o referencial metodológico de Bardin que permitiu organizar o estudo em três categorias diferentes. **Resultados:** As categorias obtidas através da literatura foram: a humanização como premissa no cuidado ao idoso; a equipe ou instituição como promotora/fornecedora da humanização para o idoso; a percepção do idoso acerca da humanização. **Conclusão:** A humanização é estratégia para um atendimento diferenciado, e está associado à um melhor nível de atendimento, sentimento de reconhecimento e respeito por tais atitudes.

**DESCRIPTORES:** Humanização; Idoso; Enfermagem.

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**INTRODUCTION**

In recent years, the aging of the world population has been increasing significantly, highlighting developing countries like Brazil, where this transformation is happening rapidly. Nowadays, the elderly add up to the fastest growing group in Brazil.<sup>(1-2)</sup>

Related to the demographic transition is the epidemiological transition, which is motivated by changes in the patterns of morbidity and mortality, due to the decrease in mortality from infectious diseases and the increase in chronic-degenerative diseases, especially in the elderly population. Through studies, it was found that chronic-degenerative diseases are often found in the elderly, even though aging is not necessarily related to diseases and disabilities.<sup>(1-3)</sup> As a result of the increase in the number of elderly people, the number of diseases associated with old age also grows, resulting in a greater demand for health services by the elderly, increasing the length of stay in beds and the number of hospitalizations.<sup>(5)</sup>

According to the World Health Organization (WHO), for a person to be considered elderly in Brazil, it is necessary to be 60 years or older (WHO). Thus, with the growing increase in the elderly population, it makes the elderly worthy of special care and attention.<sup>(5)</sup>

This age classification may seem low in developed and developing countries, where there has been a significant increase in life expectancy. Even so, whatever the defined age, it is convenient to discern that the chronological age does not follow the changes of aging; there are significant changes related to participation, health status and levels of independence among older people who are the same age.<sup>(5)</sup>

In this sense, man needs care from

birth to death, and as all care requires attention, greater dedication and appreciation of life is fundamental.<sup>(6)</sup>

A human being is understood to be a good, charitable, understanding, compassionate, sensitive being. To humanize is to be “human”, therefore, to seek the well-being of humanity, whether individual or collective, becomes the authentic sense of humanizing. Thus, humanization and care are essential for the treatment of human beings, and it is in this aspect that the concept of humanization emerges.<sup>(6)</sup>

According to the Ministry of Health, humanization is the valuing of different people, involved in the health production process: users, managers and workers.<sup>(7)</sup>

Humanization in the context of nursing, should be reflected in their practices in health services, with assistance in a dialogical way and attentive listening, seeking to build paths capable of providing humane care for all, respecting individuality, valuing their beliefs, and being present in the care relationship, as all of these are basic principles in humanization.<sup>(8)</sup>

In this perspective, the elderly is an individual being, who has his own experiences, indispensably associated with people in space and time. He is a person with the capacity to develop new knowledge and who must have a humanized care for both his family and the nursing team in order to feel good, even if he is affected by the disease.<sup>(1)</sup>

The elderly patient, when he enters a hospital, often brings with him a bag of insecurities. For many elderly people, this is a moment of fear and fragility, because in addition to the suffering and unpleasant feeling that the disease causes, the elderly will need the attention of several health professionals to intervene in this process.<sup>(9)</sup>

During this process of humanization, in the case of an elderly patient, he will require greater attention, with the nursing staff paying special attention to appropriate measures to be employed, in the expectation of a recovery without trauma. Thus, the treatment must be safely maintained by the professional, using communication with the main instrument, clarifying doubts that may arise regarding their treatment, clinical procedures or diagnostic tests, to minimize the anxiety caused by their condition, imposed by the disease. In this sense, the concept of humanization has been gaining prominence in the hospital environment because it is highly linked to the reception of the patient, presenting itself in the search for dignified care.<sup>(10)</sup>

For the National Humanization Policy (PNH), welcoming is the moment since the patient's reception, since his arrival, allowing him to express problems, weaknesses, concerns, anxieties, placing the necessary limits, thus being able to guarantee the resolution and use of others health services for continuity of care when needed.<sup>(7)</sup>

Humanization is defined by the value attributed to the effort of professionals in the production of health.<sup>(11-12)</sup> Health professionals should not only be concerned with relieving signs and symptoms, treating illnesses or for technical, scientific, or institutional purposes only, even if this is part of their job. He must value care, expressing interest, attention, respect, consideration, understanding and affection, in order to be able to respond to the individual experiences of suffering and affliction brought by the elderly who seek care from health professionals.<sup>(11-13)</sup>

This research aims to verify the contribution of the literature on elderly patients and humanized care. It was

carried out in order to contribute to the theme of humanized care, which lately has been standing out in all areas of health. In this present study, we will mention in particular the elderly patient, from the perspective of humanization, as he is a vulnerable human being, often not having someone close to him, needing more attention, care, individuality, integrality, respect, affection, tranquility, privacy, security and welcoming assistance.

## METHOD

In order to conduct this bibliographic review, the following question arises: What is the contribution of literature to the proposal of humanization to the elderly during care?

According to Minayo, the bibliographic review is constructed through several researched sources, with a discussion taking place between the authors, resulting in the final considerations.<sup>(14)</sup>

A search for online access was carried out in the SciELO database (Scientific Electronic Library Online), Bireme (Virtual Health Library) and Scopus. The search comprised articles published between 2008 and 2014, in Portuguese, with complete articles available in the selected databases.

The data collection period occurred between the months of October and November 2014. The keywords used were “humanização” “idoso” “enfermagem”.

In order to achieve the proposed objective, the title and summary of each identified article were read, facing the guiding question.

Content analysis in the thematic

modality was the methodological framework, and Bardin (1977) was the theoretical framework used, which allowed organizing knowledge into categories.<sup>(15)</sup>

The number of articles initially researched was 44, with 2 of the articles researched being repeated in the Scielo and Scopus databases. After reading each article in its entirety and the analysis described below, the study sample consisted of 19 scientific articles. The exclusion criterion, incomplete articles, in foreign languages, repeated articles in the databases, dissertations, theses and articles that, after reading in full, did not fit the guiding question. The analysis was divided into three phases:

First phase: pre-analysis the material was organized, choosing the documents to be analyzed, where it was verified whether the articles answered the guiding question.<sup>(15)</sup>

Second phase: exploration of the material the raw data were transformed in an organized way and aggregated into units, which allow a description of the relevant characteristics of the content. For the organization, the cut was made, allowing to achieve a representation of content and its expression.<sup>(15)</sup>

In the third and final phase, in order to cut the material, it became necessary to read it and demarcate the units of meaning, which are nothing more than a segment of content to be considered as a base unit, aiming at categorization - switching from raw data to organized data.<sup>(15)</sup>

In the case of a thematic analysis, the theme is the affirmation of the subject, which naturally frees itself from an analyzed text.<sup>(15)</sup>

Therefore, doing a thematic analysis, consists of discovering the themes, which are the units of record in this type of analysis and which corresponds to a rule for the clipping. After the cut, the units of meaning were classified and aggregated into categories.<sup>(15)</sup>

Among the topics raised in the research, this material presents the production of knowledge related to “The Humanization proposed to the elderly during care”, meeting in the themes:

- Humanization as a premise of care for the elderly;
- The team/institution as a promoter/supplier of humanization for the elderly;
- Perception of the elderly about humanization.

## RESULTS

### Humanization as a premise of care for the elderly

It is constantly necessary to humanize care for the elderly, so that care is always provided in a welcoming and special way with this large portion of our population, requiring differentiated work. For humanized care to take place in the care provided to the elderly, priority, individualized care is essential, maintaining their autonomy and independence.<sup>(16)</sup>

Humanizing care for the elderly means practicing humanism, which is nothing more than the relationship we have with each other, and believing that we are all similar. Having this understanding, we will be able to enter the world that the elderly lived and thus un-

Chart 1 - Articles collected in the databases and selection of articles regarding the elderly and humanization theme

BASE DE DADOS	BUSCA INICIAL		LEITURA DOS RESUMOS	LEITURA DO ARTIGO	FINAL
	IDENTIFICADOS NA BUSCA	EXCLUÍDOS	EXCLUÍDOS	EXCLUÍDOS	SELECIONADOS
SciELO	15	1	1	0	12
Bireme	21	10	4	2	5
Scopus	8	1	3	2	2
<b>TOTAL</b>	<b>44</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>19</b>

derstand their needs, understanding the situation that led them there, providing comfort and physical and emotional well-being for such coping. The elderly person had the autonomy to plan his life, unless he is unable to do so due to some physical or mental illness.<sup>(17)</sup>

Some studies highlight that the humanization of health care provides freedom for both the elderly patient and the professional, and in this way it is possible to give space to dialogue and promote actions to all programs that the elderly can participate. Unfortunately, in some places there are problems that we have to face, such as broken equipment, lack of material or even poor training of the professional, which can make treatment unhumanized, since the professional can treat the elderly in a disrespectful or aggressive way, making your treatment process even more painful, and creating an even more precarious situation.<sup>(16-18)</sup>

In order for people to become accessible to each other, through the sharing of feelings, experiences, opinions, and information, the dynamic process of communication is necessary. The PNH (National Humanization Policy) recommends that welcoming through communication reaches all employees who participate in the production of health, and be present at all times in the care process. It was found that communication in a fun and relaxed way is a method that brings intimacy between professional and elderly, and thus, the ability to transmit and receive messages, to collaborate in the assistance provided.<sup>(19)</sup>

Verbal communication is an instrument that goes beyond treatment, it becomes a primary factor for care. It is an empathic way of engaging with the elderly, making the care process more humanized and gaining the elderly's trust. The act of caring is identified as being with the elderly with a helping relationship, which starts from verbal communication and welcoming dialogues that make the process of coping with the disease less painful.<sup>(20)</sup>

Through contemporary reflection, authors addressed the ethical dimension of hospital humanization. Through this study, the importance of autonomy, benevolence, non-maleficence and justice, were correlated with the fundamental rights of the sick elderly. The author indicates the duty, even when there is no possibility of technological intervention, to continue investing in human dignity in the act of caring.<sup>(20)</sup>

Others reflected on the humanization of care in the hospital environment, starting with the question of what great innovations represent for human life. The authors understood the various conditions of the health-disease process, paying attention to the danger of people being re-enacted, while the hospital environment becomes a technological center where the equipment is easily revered and comes to life. Thus, they warn that the relationship between caregiver, patient and professionals is horizontal. Thus, they indicate the importance of interdisciplinary work with the aim of humanizing relationships between people. The authors invite for a more solidary practice, and point out the importance of the professional's flexibility in reviewing the protocols and using the rules and routines used in the hospital environment.<sup>(21)</sup>

Through various approaches on the aging process, they identified the elderly's difficulty in guaranteeing a dignified life is almost always related to their financial instability. Through a reflection on the condition of the elderly in a utilitarian and highly technological society, they propose the construction of critical care, engaged and humanized to the needs of the elderly.<sup>(21)</sup>

Thus, they introduced the notion of palliative care, and addressed the motivation for including humanization, showing us that the basis of palliative care is humanization, in a two-way street. When pointing out the care for the elderly at the end of life, the authors inform that the quality of life must remain until the end,

regardless of the amount of life that remains to the person.<sup>(21)</sup>

For the elderly not to feel restricted to the hospital environment, the presence of a family member during hospitalization is important, being an important link with the external environment, since the family member knows the particularities of the elderly patient and is part of their life and routine outside the hospital context. In the current National Humanization of Health Policy, the authors relate the Statute of the elderly, in its Art.16, that the presence of the companion is ensured, but this permission depends on institutional agreements and releases, which most of the time, is determined by the nurse in the inpatient units, evidencing the responsibility of this professional in the face of a differentiated treatment action. This decision, sometimes directed at the nurse, emphasizes the importance of this professional in the humanization of care, collaborating with situations in which family members or friends are part of the patient's recovery process.<sup>(22)</sup>

Other authors bring care to the elderly with heart disease.<sup>(9)</sup> For them, it is essential that health workers add to their technical and scientific competence the constant use of welcoming, bonding and the exchange of knowledge. Gestures of affection, kindness, demonstrations of understanding, acts of talking, touching, talking, listening, looking, giving strength, being interested, advising and others, show us the affective-expressive dimension that is part of the therapeutic action of care, it can be explained through the relationship of trust.<sup>(22)</sup> These are essential acts for humanized care.<sup>(9)</sup>

Respect for beliefs, fears, the frailties of the elderly and their families, respect, and ethics in the adoption of technical-scientific activities, are aspects that humanization in health care involves, being linked to becoming ill. For this, it is necessary that the team is integrated with users for a new concept about hospitals, making them start to perceive the institution as a place that provides

health care for possible interventions for maintenance, cure, recovery and prevention health and information about all the treatment performed. <sup>(9)</sup>

They highlight the need to perceive the elderly from the perspective of humanization, being necessary, in most cases, to involve not only facing the changes inherent to aging, but also the importance of conquering a condition of human dignity that has not been achieved until then. <sup>(23-24)</sup>

### **The team or institution as a promoter, or even the provider of humanization for the elderly**

According to the authors, humanizing is providing quality to the professional-patient relationship. The great challenge for health professionals is to take care of elderly patients, understanding the multiple dimensions of their aging and being. <sup>(9)</sup> They believe that due to the special conditions in relation to the elderly, humanization has become a concern for health professionals, managers and employees, representing an aspect to be considered, in order to obtain excellence in the quality of health care. <sup>(11)</sup>

The team's work must be supported by the collaboration of different types of knowledge sharing by all, and, therefore, perform patient-centered care, and not focused on the biomedical model, interrelating the knowledge of each profession. Therefore, we will provide interdisciplinary work, with the objective of providing quality care. <sup>(9-25)</sup>

When receiving the elderly patient, health professionals must be alert to the psychological, physical and social changes that occur in this type of patient, in order to perform differentiated care. Through an empathic relationship, a commitment to care and humanized assistance will be obtained, favoring their emotional and physical balance, collaborating favorably in the adaptation of the elderly in a hospital environment. <sup>(9-26)</sup>

The relationship between the health professional and the elderly should go beyond just treating them well, treating

them with responsibility and respect, and should also involve the needs and problems that the population experiences. During the assistance with the elderly patient, there is a relationship of empathy, friendship and attention, creating bonds with the elderly and family members. <sup>(19)</sup>

Health professionals should be aware of various emotional changes that may occur with the elderly patient, who is usually more vulnerable to psychological and social changes, therefore differentiated work with the elderly patient. Starting from this situation, it is very important that professionals have an empathic relationship, so that there is welcoming, and thus guarantee the emotional and physical balance of the elderly. <sup>(7-16)</sup>

The health team and in particular the nursing team, can support the elderly to carry out their self-care, taking into account the possibilities for this, and putting into practice the knowledge that the elderly acquired in the hospital environment. It is necessary that all employees are aware of humanization, executing it and respecting the individual capacity of each elderly person. <sup>(22)</sup>

The proposal for an efficient humanization always highlights the good communication between professionals and the elderly, which is fundamental for such assistance. These principles will be in vain if not treated with attention and respect for the demands and needs of elderly users, recognizing their principles and integrality and respecting their differences in their own autonomy. <sup>(16)</sup>

The bond between health professionals and the elderly through communication, must be present in a humanized and committed way, which can influence the change in the behavior of the elderly and thus bring benefits. Health professionals need to be prepared to care for the elderly, breaking the fragmentation of the work process, and thus establishing a relationship of recognition of their wisdom and experience. <sup>(19-27)</sup>

The knowledge of the importance of the link between health professionals and the elderly becomes very important to fully understand humanized work and its benefits. Thus, it is worth remembering the great influence that listening between the elderly and the professional can have in their treatment. Listening becomes extremely important in relationships, especially when it comes to humanized work. Not only hearing, but also seeing, are feelings that give reason to those who are depositing everything they are feeling in that moment of fragility. <sup>(28)</sup> Knowing how to listen to the patient, and above all to treat him with professional responsibility, will favor a relationship of trust and friendship, in order to establish the formation of bonds. <sup>(19-29)</sup>

From the humanized point of view, it is necessary for the professional to expand their perception potential in relation to the elderly. For that to happen, the professional will have to get rid of past opinions, of established preconceptions of his professional experience. He must be ready to welcome and visualize the elderly in a transparent way, having a real awareness of allowing himself to perceive and accept the elderly in their essence. It is necessary, at first, to surrender and integrate the elderly person as a person in a complete way. Thus, it allows the understanding of the same, without any kind of conclusion previously conceived. Thus, the professional must strive to care for the elderly, in all the senses that compose them, realizing their uniqueness in a humanization process. <sup>(23)</sup>

### **Perception of the elderly about humanization**

Through research carried out in health services, they point out that the elderly reported expecting a welcoming situation from professionals, generating comfort, and thus alleviating suffering, improving the quality of care provided, and responding to their needs through effective communication. <sup>(16-30)</sup>

They mentioned, in a research conducted in Recife, that focused on the nursing consultation in a care service for the elderly, and the perception of the elderly before and after the consultation. As a result, the elderly show satisfaction with the service provided, regardless of the professionals' academic level, who demonstrated a humanized service, followed by welcoming, guidance and comprehensive evaluation.<sup>(16-31)</sup>

They also found that elderly patients felt valued during the nursing consultation even though some were at the place of medical consultation and were unaware of its specificity. They emphasize that it is important, then, that nursing professionals identify care for patients and that humanized care is integrated into practice to improve the care and assistance provided.<sup>(16-31)</sup>

They point out the elderly's perception of care, when looking for surgery, the only hope for better days. Thus, the importance of the care referred by the elderly patient is highlighted. It was emphasized that when the elderly care for aspects related to humanization, they value speech at the right time, a hand present at the right time, and supportive attitudes at this difficult time in their lives. Through their gender and life-long experiences, elderly patients demonstrated the meaning of care with uniqueness. The hospital environment directly motivated the perception and sensitivity of how he was being cared for, being generally referred to as well attended by the institution under study and that the care and attention by the health team can influence the treatment, which are often more necessary than guidance about your surgery.<sup>(22)</sup>

From the moment that the elderly need health care, they start to place all hope in the professional, and in this stage of weakness that the professional tends to take care with humanization, meeting their expectations. For the elderly to leave satisfied with their care, it is necessary to qualify the professional so that only those who really have the

gift of caring and humanize their care act.<sup>(9-26)</sup> In some cases, the elderly victim of some treatment may not feel well in front of society and move away from it, because they feel fragile and frightened. This posture of the elderly must be perceived and identified as a risk factor, so that care more focused on their needs and humanizing their care can be implemented. Thus, the length of stay of the elderly in their treatment may be shorter and less traumatic.<sup>(9)</sup>

For the authors who interviewed the elderly and questioned how they would like care to be taken during hospitalization, it was observed that affection, friendship, love, care, dedication and respect were the ones mentioned by the majority.<sup>(9)</sup>

Through a study carried out in the State of Rio Grande / RS, the report of the satisfaction of elderly patients with home care is shown, as it allows the development of humanized relationships through the bond created between users and workers. The relationship of respect, attention and interest in the human being makes the work process go naturally, and the elderly feel valued and respected through these attitudes, collaborating more easily with the team. The bond created by the quality of the relationship established with home care employees is reported by patients and family members as an advantage, showing humanization.<sup>(28)</sup>

The authors emphasize that it is important to evaluate humanized care in primary health care, through the experiences and perceptions of the elderly, visualizing the need for more continuous and individual monitoring, due to the imposed profile of multiple and chronic pathologies. It was noticed the scarcity of evaluations on the satisfaction of users in a humanistic focus of care, especially for elderly patients. Something that the elderly value a lot is communication. Good behavior was observed regarding the opportunity given to patients to clarify doubts, ask questions, and receive explanations by professionals, in an easy

and clear way, bringing a clear idea of humanization.<sup>(11)</sup>

## CONCLUSION

Literature reveals to us humanization as a strategy for differentiated care, being extremely important to understand their needs, providing them with individualized, priority care, maintaining their independence and autonomy.

In the humanized assistance provided to the elderly, it is essential that demonstrations of understanding, kindness, gestures of affection, acts of talking, looking, touching, listening, being interested, giving strength, advice and others, are always present. The importance of communication was highlighted, and it is essential that it reaches the entire health team, being present at all times in the care process.

In the aspect of the team and institution related to humanization and the elderly, it is extremely important that professionals support themselves in care activities, develop preventive measures and health education, recognize the individuality, particularity and need of each elderly person, promote their autonomy, communicate, listen and see the patient in an appropriate way, favor a relationship of trust and friendship, establishing the formation of bonds, and above all treat him with professional responsibility. Thus, with an efficient differentiated and humanized work on the part of the team, improvements in the quality of life of the elderly patient will happen, and the excellence in the quality of health care.

Finally, the literature can point us to the elderly's perception of humanization, where patients have demonstrated satisfaction with the care provided when communication is effective, and when guidance, welcoming, comprehensive assessment, attention, dedication is present, affection, respect, and continuous and individual monitoring by the team, making the process flow naturally, and the elderly

feel valued and respected through these attitudes. It was emphasized, then, that it is important for elderly patients, that humanized care is integrated into the practice of professionals to improve the care and assistance provided. ■

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