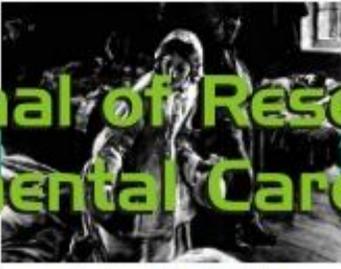


Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Humanização e acolhimento na concepção e prática dos alunos de enfermagem

Humanization and welcomingin the conception and practice of nursing students

Humanización y acogimiento en la concepción y la práctica de estudiantes de enfermería

Kálya Yasmine Nunes de Lima ¹, Akemi Iwata Monteiro ², Ana Dulce Batista dos Santos ³, Polyanna Keitte Fernandes Gurgel ⁴

ABSTRACT

Objective: Analyzing students' understanding of the last period of graduate nursing college about the principles of humanization and welcoming that guide the unique health system and its application in practice. **Method:** a qualitative study of descriptive and exploratory type, with 26 graduating nursing students from a federal university. The data were collected through a questionnaire with open questions about the concepts of humanization and welcome and analyzed according to the content analysis proposed by Bardin. **Results:** The content analysis revealed three themes: knowledge about the concept of humanization; knowledge about the concept of host; and application of concepts, which supported the discussion of six categories. **Conclusion:** a restricted view on the concept of humanization prevailed, valuing only the improvement of the professional-user relationship. For welcome, the knowledge gained suggested a better theoretical deepening, bringing relations with other concepts for its effectiveness. **Descriptors:** Knowledge, Humanization of assistance, Welcome.

RESUMO

Objetivo: Analisar a compreensão dos alunos do último período da graduação em enfermagem a respeito dos princípios de humanização e acolhimento que norteiam o sistema único de saúde e sua aplicação na prática assistencial. **Método:** Estudo qualitativo do tipo descritivo exploratório, com 26 alunos da graduação em enfermagem de uma universidade federal. Os dados foram coletados através de um questionário com questões abertas sobre os conceitos de humanização e acolhimento e analisados conforme a análise de conteúdo proposta por Bardin. **Resultados:** Diante da análise de conteúdo emergiram três núcleos temáticos: conhecimento sobre o conceito de humanização; conhecimento sobre o conceito de acolhimento; e aplicação dos conceitos, os quais subsidiaram a discussão de seis categorias. **Conclusão:** Prevaleceu uma visão restrita sobre o conceito de humanização, valorizando apenas o aperfeiçoamento da relação usuário-profissional. Para o acolhimento, o conhecimento apreendido sugeriu um melhor aprofundamento teórico, trazendo relações com outros conceitos para sua efetivação. **Descritores:** Conhecimento, Humanização da assistência, Acolhimento.

RESUMEN

Objetivo: Analizar la comprensión de los estudiantes del último periodo de pregrado en enfermería acerca de los principios de humanización y acogimiento que guían el sistema de salud y su aplicación en la práctica. **Método:** Estudio cualitativo, de tipo exploratorio y descriptivo, con 26 estudiantes de enfermería de pregrado de una universidad federal. Los datos fueron recolectados por un cuestionario con preguntas abiertas sobre los conceptos de humanización y acogimiento y analizados de acuerdo al análisis de contenido propuesto por Bardin. **Resultados:** El análisis de contenido reveló tres temas: conocimiento sobre el concepto de humanización, el conocimiento sobre el concepto de anfitrión, y la aplicación de conceptos, que apoyaron la discusión de seis categorías. **Conclusión:** Prevalció una visión restringida del concepto de humanización, valorando sólo la mejora de la relación profesional-usuario. Para el acogimiento, el conocimiento adquirido sugirió una mejor profundización teórica, señalando relaciones con otros conceptos para su efectividad. **Descriptor:** Conocimiento, Humanización de la atención, Acogimiento.

¹ Nurse. Masters of the Postgraduate Program in Nursing of the Federal University of Rio Grande do Norte. Email: lima.yasmine@yahoo.com.br ² Nurse.PhD in nursing. Associate Professor II in the Department of Nursing of the Federal University of Rio Grande do Norte (UFRN). Email: akemiiwata@hotmail.com ³ Nurse.Master of Nursing Program of Postgraduate Nursing UFRN. Collegiate Professor of Nursing, Federal University of Vale do São Francisco (UNIVASF). Email: anadulcebs@yahoo.com.br ⁴ Nurse.Masters of the Postgraduate Program in Nursing of the Federal University of Rio Grande do Norte. Email: gurgepkf@gmail.com.

INTRODUCTION

The professional training of nurses is in constant motion and under construction, seeking development and greater qualification of its students to meet the needs created by the population.

The National Curriculum Guidelines (DCN) of the graduate program in nursing, imposed by resolution of the National Health Council (CNS)/Board of higher education (CES) nº 3, November 7th, 2001 provide that the newly formed nursing professional must be qualified for the exercise of their profession with scientific and intellectual rigor, based on ethical principles, possessing generalist training, humanistic, critical, and reflective. Beyond being able intervening in situations of most relevant problems in the national epidemiological profile, with emphasis on their area of expertise. Exercising their profession with a sense of social responsibility and commitment to citizenship.¹

This qualified training must meet the social needs of the population's health, based on the principles and guidelines of the unified health system (SUS), ensuring the integrality of care, quality and humanization of care.¹

The SUS (Unique Health System), established in 1988, has taken an active role in reorienting the strategies and modes of care, treat and monitor individual and collective health. In addition, it has been able to cause major changes in the strategies and modes of teaching and learning.

Accordingly, with a view to reorienting the strategies and modes of care, meet the population properly and improve the application of the principles of universality, equity and comprehensiveness, governing the SUS, the Ministry of health (MS) instituted health policies that involve the application of basic concepts to the unified Health System. Among them are the humanization and reception.

Humanization is understood as the appreciation of the different subjects involved in the production of health process.² And for it MS instituted the National Humanization Policy (HNP), as a policy that runs through the different actions and instances of the SUS, having as values the autonomy and role of the subjects, the joint responsibility between them, the bonds of solidarity and collective participation in case management.²

The Act of humanizing while a complex process permeates for some aspects, among them, the ability of the individual to understand the other, from a thought that makes it possible to capture the text and context, the being and its environment, the local and the global, multidimensional, together, allowing to understand the objective and subjective conditions also.³

The host is giving hospitality, admit, accept, listen, give credit to, receive, answer, and admit. "The host as an act or host effect expressed in its various definitions, an action of approximation, a ' be with ' and a ' be around ' i.e., an attitude of inclusion." And it is in

this sense that the host is being stated as one of the most important guidelines ethics/aesthetics/HNP policy.⁴

However, despite advances in the construction of the SUS, some obstacles still persist, such as the standard of welcome users and health workers in the health services and the humanization of assistance, pointing to the need for improvement in the implementation of the system in its essential guidelines.⁵

In this context, vocational training is considered as fundamental condition for maintaining/improving the quality in the production of health services. And so, lies with higher education institutions (HEIS), particularly the University, the redefinition of training processes and appropriateness of curricula from the pedagogical projects (PP), whose requirements require the preparation of skilled professionals, which acquire theoretical knowledge based on existing reality, so they can apply them in practice, making the necessary changes to strengthen the SUS and intervention projects consistent with the principles of this model of health care.⁵

However, it should be noted that students often leave the classroom to practice unsafe stages to apply the principles and concepts that govern the SUS, making the stages meant only for technical procedures.

Thus, it is understandable that, during the graduation, the student has difficulties to develop all the skills inherent to the nursing professional. What is often caused by the weak completeness of the educational process and of little articulation theory-practice.⁶

In addition, sometimes the didactic-pedagogical organization doesn't appreciate sufficiently the ethical dimensions and humanists as the technical skills, undermining the development in student-oriented values of citizenship and solidarity, considering the health policies and guiding axes of actions as SUS for health care of the population.⁷

Thus, contributes to the formation of little nurses committed to the principles and concepts that govern the SUS, and consequently, with the entire system, reflecting on attendances bit, humanized without user acceptance, queries based only on complaints, lack of explanations and clarifications on the procedures adopted, and little incentive to user participation during the meeting.⁸

On the assumption that students possess the theoretical knowledge about the basic concepts inherent to the SUS, however have difficulty in applying them in practice assistance, were listed the following questions: How students understand the concepts of humanization and reception? How these concepts are applied in practice of the stages?

Given the above, the objective of this study is to assess the students' understanding of the last period of graduation in nursing the respect of the principles of Humanization and reception that guide the SUS and its application in healthcare practice.

Understanding the importance of seizing and practice the concepts, particularly the Humanization and Reception, in vocational training of nurses, the results of this work could contribute to the improvement of theoretical and practical disciplines to form more professionals committed to the SUS and able to carry out actions consistent with this system.

METHOD

The humanization and reception are interrelated concepts; however, the host is one of the tools to perform the humanization of health services. Thus, we chose to work the two concepts, since they complement each other.

This is a qualitative study of exploratory descriptive type, which aims to familiarize them with the phenomenon and make descriptions of features, properties, or existing relationships in the community, group, or reality searched.⁹

The study was developed in the Nursing Department of the Federal University of Rio Grande do Norte (UFRN), which is characterized by being a public higher education unit, responsible for training every six months about 50 nurses who will act in different fields of healthcare.

The population was composed of 26 students of the degree in nursing from UFRN who were completing the degree in nursing in the second half of 2011 and first half of 2012. The criteria for inclusion in the study were: to be attending the last period of graduation in nursing; accept to participate by signing the research informed consent (TFCC). The criteria for deletion in the sample were: not be studying the last period of graduation in nursing; and show no interest in participating in the research and refusal to sign the FICS.

The data collection was performed between the months of November 2011 and March 2012, through a questionnaire composed of open questions that turned on the understanding of the student as to the concepts of Humanization and reception and how these concepts are applied in practice for them. The analysis and interpretation of the data were conducted from the content analysis proposed by Bardin. So, initially, there were readings that enabled the grouping and organization of data in thematic categories.¹⁰

The students were identified with the code letter E, sequenced by numbers, preserving the identity of the participants. For carrying out such research the project was submitted to the approval of the Ethics Committee of UFRN with 333 opinion/2011 and 0161.0.051.000-CAAE 11, in accordance with resolution No. 196/96 of the National Health Council. All participants signed the FICS.

RESULTS AND DISCUSSION

On the analysis of content emerged three thematic cores: knowledge about the concept of humanization; Knowledge about the concept of reception; and application of concepts, which subsidized the discussion of six categories.

Knowledge about the concept of humanization

From reading the responses of students, emerged two themes about the humanization concept: empirical knowledge and scientific knowledge.

Empirical knowledge

The Act of humanizing without contact, effective communication, the dialogical between caregiver (nursing professionals, not restricting these) and be to be careful (user) is impractical because it is from the dialogue between those guys who crave greater knowledge of the real needs of the user and of the instruments for care, seeking the reasons for suffering and looking to go beyond logic biomechanicist.¹¹ However the HNP brings values that go beyond the treat to the user, but covering the creation of strategies to increase the autonomy of the subject, the shared responsibility between them, social control, within others.

According to most students humanization is to treat well, understand each other, to listen to him, treat with respect, attention, as in the following lines:

Humanization is the ability to understand each other as human beings, respect it as such understanding their basic needs. (E1).

Humanization is seen by me as a necessary sensitivity to work in healthcare, act treating users with respect, affection, attention (E11).

Humanization is becoming more empathic relations with each other. (E7).

[...] It is a different way of treating people, with more feeling. (E16).

The words corroborate what points the literature. Students have a very restricted vision, focused only and/or almost always improve the contact, dialogue or formal communication.¹² whereupon, note-if a knowledge based on common sense, where a person even without any training in the area of health or knowledge about the HNP would digress.

It becomes therefore important to reflect on what promotes this restricted vision in undergraduate student, as well as an analysis of the teachers' conduct since the student seeks, in its process of formation, by "templates or examples" of professionals to follow. Moreover, the emphasis that the trainer institution assigns to this dimension of care also influences your decision of which model to follow. It is believed that without the effective application of the concepts still in undergrad, hardly the challenges found for transformation of practice in health, based on principles that guide the HNP will be overcome.¹³

Scientific knowledge

In the field of health, the concept of humanization is assumed officially, through the PNH¹⁴, as a proposal for a new relationship between users, your social networks, health workers and managers, betting on the collective work toward a SUS cozy and resolute.

In this category are clear visions of more appropriate theoretical basis about the HNP. The following lines show that for such students humanization doesn't just mean "take good care", but also make the subject protagonist in your health-disease process,

strengthen the establishment of ties of solidarity, encouraging social participation in the management and shared responsibility:

Humanization involves treating the patient respectfully, making the protagonist of his health-disease process, considering all your questions and concerns. (E24).

Implement the concepts of SUS in the day-to-day, valuing the human being in health production, establishing links and promoting social participation in health management, or change the form of attention to a model that turns to the needs citizen. (E19).

Humanization refers to one based on respect and the creation of links towards SUS users, as well as in co-responsibility for them in order to meet the health needs of those of a more dignified posture. (E14).

Humanization is to ensure that the principles of the NHS and the rights of citizens are met, as well as providing a service with quality and with proper qualification. (E12).

It is known that the humanization is a given its multifaceted concept that refers to reflections and propositions about new forms of acting, more symmetrical relationships between subjects, whereby formal and scientific knowledge, the experiences and knowledge of patients and accompanying persons contribute with the production of knowledge¹⁶, so necessary to the adequate knowledge of what is humanization of assistance in health to put it into practice. Soon, it becomes worrying the small amount of students who knew expatiate on the HNP so more scientific and politicized.

In this perspective, the stimulus the construction of critical consciousness and self-awareness in students is part of the functions of the training institutions. Through cultivation of his emancipatory process, with a view to its reflection about what comprises and how it applies.^{17,18}

Knowledge about the host concept

By analyzing the students' knowledge about the host identified two themes, namely: Welcome to humanize and host to have efficaciousness.

Welcome to humanize

The host is established as one of the most important aesthetic guidelines/ethics/politics of HNP.⁴on this perspective, 15 students spoke that hosting is a way of humanizing the care, or that involves aspects of humanization of care, as seen in the following lines:

I see the host as a humane relationship based on an active and qualified to listen to each other. (E1).

Home is a pillar of humanization, which can happen anywhere and anytime. (E3).

Home is to provide a more attractive and welcoming to humanize the health service environment. (E7).

The understanding that host must be implicit in any relationship between professional and user, regardless of location and its recognition as a guideline of HNP, exposes that the knowledge of the students is more grounded than the demonstrated in

studies conducted with professionals. For these, the host is understood as a service part, which aims to increase attendance, in this perspective, it is up to the lead, nursing to receive users and assess whether or not there is need for consultation with the medical professional, configuring it in conducting screening and host not.¹⁹

Welcome to efficaciousness

In this category the students brought the importance of meeting the demands brought to the health service to ensure the resolution of problems, as seen below:

Solving the problem with an individual and not through a technician mode. (E4).

It is to insure solving the problem, or user needs. (E8).

Seek to solve problems in the best way. (E24).

Practice reception as operational guideline requires a change of attitude in making health and entails, among other actions: a listening posture and commitment in giving answers to health needs brought about by the user, so that include their specific characteristics, ensuring the user's access to the health service with accountability and efficaciousness.⁴ Thus, for students, the default user's reception will determine how your "problem" will be resolved.

Given this, provide the customer with efficaciousness and accountability also includes guiding the patient and family in relationship to other health services, to the continuity of care, and establish linkages with these services, with the purpose of ensuring the effectiveness of referrals, thus consolidating more a principle of SUS, the completeness.⁴

In this way, the host must be understood as a foundation for completeness, in which the professional should maintain an ethical and accountability before the problem brought by the user, configuring a service that is opposed to neglect and carelessness.

Application of concepts

After knowing what students know about humanization and reception, we analyzed how these concepts are worked in practice of the stages and what are its determinants. Thus, two categories emerged:

The teacher's role in implementing the concepts

In the array of graduate curriculum in nursing of our country we found disciplines with theoretical apport and other who work the practical matter, mainly aimed at the development of technical skills. Considering this dichotomy of content is simply realizing that can occur to an overvaluation to the detriment of the other, but there is no connection of both. What can generate by consequence, difficulties for students in their internship practice use the theoretical knowledge and practical and that teachers the work unified form.

However, out of a population of 26 students, only two reported that the teachers do not have the concepts of humanization and reception in relation to the practice. Others pointed out that teachers made such relationship and strengthen these concepts, always

arguing about the best way to meet the user and how to resolve their demands, such as specifying the following lines:

In primary care in how teachers called our attention to the form of approved users and hospitals as service users and their family / companion. (E6).

During lessons, most teachers emphasized how to treat the patient and the importance of providing solving your criteria in the health service. In healthcare practice, this continued to be a concern for us to become competent professionals and have always been encouraged to use the concepts of humanization and host. (E24).

The curriculum is an instance of reproductive values. And in actuality, the knowledge has been fragmented by using as justification the deepening.²⁰ However, it should be noted that even after the deepening or specialization in the study there is a recomposition of knowledge, and this culminates in the valorization of the parties to the detriment of the "all", which implies a knowing fragmented without coordination with the different aspects that affect the health of subjects.²¹

On the other hand, the initial difficulties can mark the student's professional life, favorably or not. In this sense, it is believed that when the teacher cares to discuss, emphasize and work the contents in all opportunities that arise and to set an example through their attitudes promotes understanding of the meaning of Humanized care and cosy.²²

However, five students brought in his lines difficult to apply such concepts in practice of the stages related to conduct of the teacher is not to give opportunity of student work better these concepts is not to broach the subject at other times outside the classroom, as seen below:

Humanization and acceptance in practice for teachers translate to know the name of the patient and treat him well. Unfortunately, there are deadlines and activities that must be met, regardless of the condition of the patient and the student: deadlines, notes and "NANDA" are more important. (E21).

At no time was treated on such concepts. Many teachers are still focused only on care, without giving importance to such concepts. (E10).

I think short courses, events and other things should be developed on the initiative of teachers to promote greater knowledge about this theme. (E26).

The term "NANDA" quoted in a line corresponds to the book Nursing Diagnoses of the North American Association of nursing diagnoses; which is considered as a tool for systematizing the work in nursing and is being widely disseminated and used in the institution of the present study.

With regard to the design of pedagogical practice, most teachers have a rough idea or coincident with the traditional conception, revealed by technical actions, rather than mechanistic approach and humanist²³actions, once these data confirmed by the opinion of the students.

In this sense, the learning process occurs when the student becomes an active subject, participating in the (re) construction of knowledge and redirecting your thinking to the content studied. It is important to emphasize that the teacher must also have an active

role in building this knowledge, from the recovery and pursuit of didactic knowledge update, especially the methods and teaching techniques.²⁴

Experiencing the concepts in everyday practice

Students memorize concepts, but without your application end up falling into oblivion and/or fragmentation, and often demonstrate, still, little fitness with the dynamics of the social reality and the production of health ^{20,6}services, caused by the lack of preparation for the undergraduate program to meet the local reality. Thus, it is important to analyze how they are applying these concepts in practice after a few semesters that the disciplines were approached, in addition to considering whether what they do is consistent with what you described about the concept.

When questioned about how to apply the concepts of humanization and reception in the practice of internships, students spoke as follows:

Always seek Qualify for providing assistance with better quality, do active listening, giving the proper referrals and resolution to the problem that are within my reach. (E13).

Put into practice the humane care and respect to the user through the creation of links and looking to establish a friendly relationship, empathy and responsibility towards her, trying to keep her comfortable and satisfied with the care provided. (E15).

I try to treat everyone the most good, always explaining the procedures, [...] Looking demystifying attitudes in the health field and do not like the current hierarchy in most fields of practice-nurse owner know ... I believe the patient can and should be subject to the health/disease process and how nurse I respect and consider the opinion of it to "hold" humanization. (E22).

The students described their actions involving the humanization by treat, the establishment of ties of solidarity, promoting the autonomy of subjects and accountability. More precisely to the host concept, brought the attitudes of find out the "problem" of the user and try to resolve it. There is, however, in their speeches, an exact separation than describes a humanized and welcoming service. Note, with this, that in practice the concepts blend, as well as claims the HNP, one complements the other, getting difficult for students to wrap them.

It was noticeable that students, who spoke about the concepts of empirical form, were the same as those addressed only the "treat" in their practice, as seen below:

I tried to get people who sought the service of the most cordial manner possible. (E7).

Treating well [...] taking out the doubts of arriving users. (E16).

In this sense, fragmentation and the devaluation of knowledge affect the possibility of knowledge and the possibility of knowledge about us and about the world.²⁵

Nevertheless, the incomprehension reduces knowledge to small parties. And the inability to conceive of the whole and the reduction of knowledge lead to consequences in the way people act.³In this way, the Act of these students is consistent with what they

understand by humanization and reception, i.e. If there is a good theoretical knowledge about a particular subject there is how to apply it in a satisfactory manner.

In this context, facing the challenge of complex reality, all knowledge today needs to reflect on its own self, recognize, locate and problematize. And all we can diagnose as a source of errors, insufficiencies will tend to resonate in the conduct of our own thinking and in the exercise of our own knowledge.²⁵

CONCLUSION

The study aimed to analyze the students' understanding of the last period of graduation in nursing in respect of the principles of Humanization and reception that guide the SUS and its application in healthcare practice.

About the concept of humanization, students mostly have a restricted vision, emphasizing the improvement of user/professional relationship, to the detriment of other actions that would foster the involvement of users on your health-disease process and health policies, as it considers the HNP. For the reception, knowledge seized suggested a better theoretical deepening, bringing relations with the concepts of completeness and efficaciousness for execution of the same.

The teacher is seen as a professional model, moreover, the way in which the curriculum is structured and applied to determine how students apply those concepts in their welfare practice. With that, according to the lines of students, were evident some flaws in the process of formation, caused mainly by fragmentation of content, little importance that some professors attach to concepts and lack of time to apply them. The study proved that the concepts are best worked out when there is a teacher that the values, and gives the example, notwithstanding the relevance that the student assigns them and the knowledge they possess, since this is crucial in the form with which they will be applied.

One of the problems detected, it becomes imperative on the part of teachers analysis of how are promoting the learning process about such concepts as well as evaluate their practice so that the theory is consistent with what is being practiced. On the other hand, it is also the students a greater understanding of the concepts of humanization and reception are part of our daily lives and health system, for which it is being prepared for Act, with this it is necessary larger commitment to the theoretical knowledge to act in situations of population problems, ensuring the quality of care and the humanization of care.

REFERENCES

1. Brasil. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES 3/2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Diário Oficial da União. Brasília; 2001.
2. 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. Brasília (DF): Ministério da saúde; 2010.
3. Morin E. Os sete saberes necessários à educação do futuro. São Paulo: Cortez; 2000.
4. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. Acolhimento nas Práticas de Produção de Saúde. Brasília (DF): Ministério da saúde; 2010.
5. Cotta RMM, Reis RS, Campos AAO, Gomes AP, Antonio VE, Batista RS. Debates atuais em humanização e saúde: quem somos nós? *Ciênc saúde coletiva*. 2013;18(1): 171-9.
6. Costa RKS, Miranda FAN. Opinião do graduando de enfermagem sobre a formação do enfermeiro para o sus: uma análise da faen/uern. *Esc Anna Nery Rev Enferm* [Internet]. 2010 [cited 2011 Apr 3]; 14(1): 39-47. Available from: http://www.eean.ufrj.br/revista_enf/20101/artigo%205.pdf
7. Paranhos VD, Mendes MMR. Currículo por competência e metodologia ativa: percepção de estudantes de enfermagem. *Rev latinoamer enferm* [Internet]. 2010 [cited 2011 Apr 3]; 18(1):109-15. Available from: http://www.scielo.br/pdf/rlae/v18n1/pt_17.pdf
8. Oliveira RG, Marcon SS. Trabalhar com famílias no Programa de Saúde da Família: a prática do enfermeiro em Maringá-Paraná. *Rev Esc Enferm USP* [Internet]. 2007 [cited 2011 May 5]; 14(1): 65-72. Available from: <http://www.ee.usp.br/reeusp/upload/pdf/304.pdf>
9. Cervo AR, Bervian PA. Metodologia Científica. São Paulo: Prentice Hall; 2002.
10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2004.
11. Barros SDOL, Queiros JC, MELO RM. Cuidando e humanizando: entraves que dificultam esta prática. *Rev enferm UERJ* [Internet]. 2010 [cited 2011 may 4]; 18(4): 598-603. Available from: <http://www.facenf.uerj.br/v18n4/v18n4a16.pdf>
12. Silva ID, Silveira MFA. A humanização e a formação do profissional em fisioterapia. *Ciênc saúde coletiva*. 2011; 16(1):1535-46.
13. Casete JC, Corrêa AK. Vivências de alunos de enfermagem em estágio hospitalar: subsídios para refletir sobre a humanização em saúde. *Rev Esc Enferm USP*. 2006; 40(3):321-8.
14. Ministério da Saúde (BR). Secretaria-Executiva. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: política nacional de humanização: relatório de atividades 2003. Brasília (DF): Ministério da Saúde; 2004.
15. Alves CA, Deslandes SF, Mitre RMA. Desafios da humanização no contexto do cuidado da enfermagem pediátrica de média e alta complexidade. *ComunicSaude Educ*. 2009; 13(1):581-94.

16. Ayres RCV, Pereira SAOM, Àvilla SMN, Valentim W. Acolhimento do PSF: humanização e solidariedade. *Mundo saúde*. 2006; 30(2): 306-11.
17. Demo P. Cidadania tutelada e cidadania assistida. Capinas: Autores associados; 1995.
18. Demo P. Desafios modernos da educação. 13ª Ed. Petrópolis: Vozes; 2004.
19. Takemoto MLS, Silva EM. Acolhimento e transformações no processo de trabalho de enfermagem em unidades básicas de saúde de Campinas, São Paulo, Brasil. *Cad saúde pública*. 2007; 23(2):331-40.
20. Campos CMS, Soares CB, Trapé CA, Buffette BR, Silva TC. Articulação teoria-prática e processo ensino-aprendizagem em uma disciplina de Enfermagem em Saúde Coletiva. *RevEscEnferm USP*. 2009; 43(2):1226-31.
21. Morin E. A cabeça bem-feita: repensar a reforma, reformar o pensamento. Rio de Janeiro: Bertrand Brasil; 2003.
22. Lima JOR, Munari DB, Esperidão E, Souza JC. Aprendendo o cuidado humanizado: A perspectiva do graduando de enfermagem. *CiêncCuid saúde*. 2007;6(1):11-20.
23. Pinto JBT, Pepe AM. A formação do enfermeiro: contradições e desafios à prática pedagógica. *Rev latinoam enferm*[Internet]. 2007 [cited 2011 Apr 2]; 15(1): 120-6. 2007. Available from: http://www.scielo.br/pdf/rlae/v15n1/pt_v15n1a18.pdf
24. Rocha JA, Pereira KS, Amorim FDB, Andrade MVM, Dantas CC. Métodos e técnicas de ensino utilizados por docente de enfermagem do ensino superior. *Revpesquicuid fundam*. 2010; 2(Ed. Supl.):817-20.
25. Morin E. O método 3: conhecimento do conhecimento. Porto Alegre: Sulina; 2005.

Received on: 15/09/2013
Required for review: No
Approved on: 06/01/2014
Published on: 01/04/2014

Contact of the corresponding author:
Kálya Yasmine Nunes de Lima
Rua da Piraúna, nº 106º, Parque das Dunas, Natal, RN, 59132-370.