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RESEARCH

Estratégias para humanizar o cuidado com o idoso hospitalizado: estudo com enfermeiros assistenciais

Strategies to humanize the care of hospitalized elderly: study with assistant nurses

Estrategias para humanizar el cuidado de los ancianos hospitalizados: estudio con enfermeras asistenciales

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ABSTRACT

Objective: Investigating the strategies that nurses use to watch the hospitalized elderly. **Method:** this is an exploratory study of qualitative nature. The research was conducted at a University Hospital with fifteen clinical nurses. To facilitate the data collection was used the interview technique. The empirical material was analyzed qualitatively, using the Technique of Content Analysis. **Results:** From the qualitative analysis emerged three themes: reception and individualized nursing care and respect for the autonomy of elderly patients; respect to beliefs, values, the privacy and identity of the elderly patient, recovery of verbal and nonverbal communication to the patient and his family. **Conclusion:** This study demonstrates the commitment of nurses participating in the research regarding the humanized nursing care directed to hospitalized elderly. **Descriptors:** Nursing, Nursing care, Humanization of assistance, Elderly.

RESUMO

Objetivo: Investigar as estratégias que enfermeiros assistenciais empregam para assistir o idoso hospitalizado. **Método:** trata-se de um estudo exploratório, de natureza qualitativa. A pesquisa foi desenvolvida em um Hospital Universitário, com quinze enfermeiros assistenciais. Para viabilizar a coleta dos dados, foi utilizada a técnica de entrevista. O material empírico foi analisado qualitativamente, mediante a Técnica de Análise de Conteúdo. **Resultados:** da análise qualitativa emergiram três categorias: Acolhimento, assistência de enfermagem individualizada e respeito à autonomia do paciente idoso; Respeito às crenças, aos valores, à privacidade e à identidade do paciente idoso; Valorização da comunicação verbal e não verbal para o paciente e sua família. **Conclusão:** este estudo evidencia o compromisso dos enfermeiros participantes da pesquisa no que tange ao cuidado humanizado de enfermagem direcionado ao idoso hospitalizado. **Descritores:** Enfermagem, Cuidados de enfermagem, Humanização da assistência, Idoso.

RESUMEN

Objetivo: Investigar las estrategias que las enfermeras utilizan para observar los ancianos hospitalizados. **Método:** se realizó un estudio descriptivo, de naturaleza cualitativa. La investigación se realizó en un Hospital Universitario con quince enfermeras clínicas. Para facilitar la recolección de datos, se utilizó la técnica de la entrevista. El material empírico fue analizado cualitativamente mediante la Técnica de Análisis de Contenido. **Resultados:** del análisis cualitativo emergieron tres temas: recepción y la atención de enfermería individualizada y respeto a la autonomía de los pacientes ancianos; el respeto a las creencias, los valores, la privacidad y la identidad de los pacientes ancianos; la recuperación de la comunicación verbal y no verbal con el paciente y su familia. **Conclusión:** el presente estudio demuestra el compromiso de las enfermeras que participan en la investigación sobre el cuidado de enfermería humanizado dirigido a las personas mayores hospitalizadas. **Descriptor:** Enfermería, Cuidados de enfermería, Humanización de la asistencia, Mayores.

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INTRODUCTION

Currently, much has been discussed about the humane care in hospitals. This requires, in addition to technical competence of health professional in the exercise of its duties, personal ability to perceive and understand the patient in their existential experience, meet their essential needs and preserve their autonomy.¹

It should be noted that in the hospital setting, this type of assistance has become a concern of health professionals, particularly in relation to elderly patients, due to the special conditions present. Therefore, to provide the elderly patient humanized care, it is necessary to serve you with priority and individuality in its entirety, respecting their autonomy and maintain their independence.¹

Rescue humanity in health care to the hospitalized elderly may be an initial approach to the care we want to provide. In this sense, the humanization should not be seen just as suitable conditions provided by the health services to provide health care, but also as a pivotal element of assistance, technology and human relations between the hospitalized elderly and professionals who deal with it.²

In this perspective, the study reports that health professionals, especially nurses who provide patient care most closely, shall be able to understand themselves and each other and become aware of the values and principles that guide this action.³

In humanized assistance to the elderly, it is essential that the nursing staff provides an attention that values communication with this being who becomes vulnerable due to illness, listening to him carefully, trying to provide you with information in a clear and objective manner and given-them in their doubts and concerns. Thus, the practice of geriatric nursing care should be hinged to care full, directing the Elder in his life context process.

This care depends on the knowledge and respect for the elderly and reality occurs in piecemeal actions, interactively, between those who provide care and those who receive.⁴Nursing care must be provided in a humane and holistic way, based on an integral approach that values the individuality of the patient, aiming to quality care, based on a sympathetic relationship with the patient lying in a hospital environment, particularly the elderly.¹

Therefore, the members of the profession must endeavor to support and accommodate these patients, with attitudes of engagement in addressing of humanized care and strategies through which consider their specificities. For this reason, it is particularly important to develop studies that seek to disseminate content related to the strategies used by clinical nurses, in order to promote the humane care of hospitalized elderly. Moreover, they are incipient publications on the topic mentioned national literature.

So considering these issues addressed, this study presents as a guideline the following question: What are the strategies that employ clinical nurses to promote the humane care of the hospitalized elderly? To answer the proposed question, this study investigates the strategies that employ nursing assistants to assist the hospitalized elderly.

METHOD

This is an exploratory study of a qualitative nature. The research was conducted in units of the Lauro Wanderley University Hospital, Federal University of Paraíba, located in the city of João Pessoa (PB). The study participants were fifteen nursing assistants. As this is a qualitative study, it was considered sufficient quantitative fifteen professionals, because in qualitative research is not valued numeric quantitative Participants in one study, but the depth of the phenomenon investigated. Furthermore, the sample size should lead to recurrence of the information or data saturation, ie, when no new information is added to the continuity of data collection.⁵

To select the sample, the following criteria were established: the nurse be acting in the healthcare context, at the time of data collection for the study in the selected institution, have at least one year of professional experience, having availability, agree to participate in research.

It must be said that, before starting the study, the research proposal was submitted to the Ethics Research Committee of the said hospital, which received the certificate of approval, with CAAE Registry under n. 08349712.1.0000.5183. Ethical observances contemplated in Resolution No. 466 of 2012 of the National Health Council, which regulates research involving human beings in country.⁶ Also observances contained in COFEN Resolution n. 311/2007 were considered imposing the Code have been complied Ethics of Nursing Professionals, in particular Chapter III of the responsibilities, duties and prohibitions pertaining to teaching, research and scientific-technical production.⁷

To facilitate obtaining empirical data, the interview technique from a script containing guiding questions related to the objectives of the study was used. The depositions of nurses enrolled in the study were recorded by the recording system. Were grouped and analyzed by the technique of content analysis.⁸

This technique consists of three phases: a pre-analysis in which the searcher performs an initial reading of the data obtained, the exploitation of the material, which corresponds to the step in which the material is encoded, in subjected to a process by which the raw data are aggregated into thematic categories, the treatment and interpretation of results, during which the empirical data are analyzed according to the themes that have proven, backed on the literature relevant to the subject under study.⁸

RESULTS E DISCUSSION

The study included fifteen nursing assistants. Thirteen were female and two male. As to age, this was variable among the twenty-seven and sixty-two years. Regarding marital status, eight are singles and seven are married. The time on the job ranged from one year and six months to thirty-two years. With regard to the titration nine experts are four masters and two doctors. Analysis of the empirical material revealed three categories: *Home, Nursing Care and Respect for Autonomy Individualized Patient Elderly; Valuing Communication Verbal and Nonverbal for the patient and family; respect to beliefs, values, privacy and identity of the patient elderly*. Strategies referenced express the commitment of nurses to promoting humane care for elderly patients hospitalized.

Category I - Reception, individualized nursing care and respect for the autonomy of elderly patients.

In this category, the nurses enrolled in the study point to the host as the main strategy to humanize the care of the hospitalized elderly patient. The nurses emphasized the importance of hosting done by promoting the comfort, support and attention, respecting the specificities (biological, psychological and psychosocial changes) and autonomy of elderly hospitalized. In addition, the host allows these professionals seek to meet basic human needs of this patient, individually, and that these needs become a priority in the planning of nursing care and are considered in decision making. The following accounts reveal this understanding:

Host. Tract and the elderly patient and welcome with respect and attention, [...] I show I'm interested in taking care of him, trying to serve you from your needs, offering individualized assistance. [...] (E4).

I use the host to humanize care for elderly patients, taking into consideration the care of their individual needs [...] (E10).

Accommodate the patient; treat him with love [...]. Consider welcoming a very important strategy to humanize care for elderly patients [...] (E6).

These statements constitute an important point to be considered in humanization. Study emphasizes that humanized care should guide the current nursing practice, as this is a complex and comprehensive action, respecting, embracing the needs of each individual. Thus, humanized care implies the ability to listen and dialogue, and availability to perceive the other as a guy with potential, restoring the autonomy and encouraging citizenship.⁹

These are important aspects of nursing care in a holistic perspective. In this respect, the study¹⁰ shows that expressions as a priority to the elderly, respect, attention, listening to complaints and concern for the elderly denote holistic, welcoming and humanitarian vision that guides their everyday life and professional nurses.

The word 'welcome' in its philosophical principles means accepting the other without prejudices, respect their differences, see him as a neighbor, a fellow walk.¹¹ In a holistic view, who receives care and caregivers trying to meet all the needs of the patient. All this is characterized as a more intimate relationship, interest, care, love and attention to each other.¹⁰

The components of care involve technical expertise, scientific knowledge and human qualities of a professional, so it is important to distinguish the terms care and caring. Caring means a dynamic action, thought and reflected, which involves an act, an attitude that integrates personal and professional training, while the care connotes responsibility and zeal.¹⁰

Nursing plays a key role in assisting in health education and training of human resources, because they are tools used to promote health.¹² In this context, it has been developed in order to seek new horizons and perspectives in more humanized care with people, especially the elderly, a group that society recognizes because of their little stereotypes.

Regarding care strategies facing the hospitalized elderly, nurses stated that they are inherent to the needs of the patient. Among these needs, they performed comfort, support, care, safety, hygiene, nutrition, spiritual support, biopsychosocial care, among others. It is known that the fulfillment of these needs contributes to the promotion and prevention of diseases of the hospitalized elderly. This can be evidenced in the following reports:

Host. Offer comfort, support, attention [...], I offer individualized assistance to elderly patient from their biopsychosocial and spiritual needs [...] (E 2).

Adopt strategies that are inherent to the needs presented by the patient, such as comfort, hygiene, nutrition, spiritual support, biopsychosocial care and seek supports and attention [...] (E 8).

This form of approach to care with the elderly indicates that nurses in this study contribute to promoting quality care, since the elderly are also respected in their specificities. This shows that these professionals most are aware of the physical, psychological, spiritual and cultural characteristics of aging. According to a study¹³, nursing has contributed in the approach to care, in relation to specific aspects of the aging process (functional capacity, independence and autonomy, frailty, cognitive assessment, social engagement, quality of life, health promotion, disease prevention, among others) and senility (chronic health conditions, situations of emergency care, home care, etc.).

For nurses study participants, the reception as a care strategy with the hospitalized elderly also includes attention to the ethical aspects of nursing care due to the importance they attach to the care of this patient. These aspects appear more frequently in their stories, in various forms: respect and value the independence of older, meet your wants and desires, treat him with respect and affection, show interest in taking care of him, provide activities that bring you satisfaction and include it in care planning, as these statements show:

[...] Respect their wishes when possible, always treat him with respect, affection, and seek to promote the best possible reception [...] (ENF 3).

Seeking to welcome him with respect and affection, valuing their autonomy and their needs, that's how I do before starting care directed to him [...] (ENF 7).

I welcome the patient with love, but also try to fulfill your wishes whenever possible, respecting their autonomy; I provide activities that guarantee their satisfaction. Looking for a daily interaction with patients in order to discover what gives you pleasure, satisfaction or encouragement; [...], contributing to a humanized (ENF 13).

For these professionals, respect for patient autonomy, especially the elderly, should be part of the attitude of Nursing, who should hear it and know its real professional needs. Nursing legislation establishes that the nurse, in the exercise of the profession, should prioritize respect for life, dignity and human rights, in all its dimensions. Respect is fundamental value in professional practice and autonomy is a central part of healthy aging.

Therefore, promoting the independence of older people and their right to self-determination, maintaining their dignity, integrity and freedom of choice are key factors to improve their quality of life. Hence the importance of the elderly is considered in its singularity and life context, with the goal of preserving as much as possible their autonomy and independence. So it is up to the nursing professional respect them.¹⁴Therefore, elderly patients have a right to know their diagnosis, prognosis and treatment, clear and true.¹⁵

Accordingly, the Code of Ethics for Professional Nursing in its Article 26, elucidates this question when does the duty of nurses to provide adequate information to clients and families about nursing care, risks and possible consequences that may occur.⁷

In this sense, it should be noted that elderly patients who identifies as standalone feels more valued and dignity preserved. Even if there is some kind of dependency, autonomy can be seen in daily life experienced by the elderly, from the moment in which professionals consider their choices and give free rein.¹⁶

Soon, the professional nursing must be aware that it is essential for ongoing evaluation to motivate the autonomy of elderly people, because care must be restructured according to the state health presented by him to participate in the management of their care safely.¹⁵

Another strategy pointed out by nurses in this study relates to the planning of care to be applied to the hospitalized elderly. In their speeches, they make it clear that the host permeates the actions of the professional, which, to be quality, cannot do without the care planning, ie the scientific methodology of Nursing, which is the Systematization of Nursing Care (SNC), as illustrated in the following excerpts:

I try to be friendly, considerate of the elderly patient and try to meet their needs through care planning, I try to convey safety and comfort [...] (E 9).

Host quality using the Systematization of Nursing Care. [...]. The possibility of using the Nursing Care Systematization tool enables listening to the patient and the same individual care plans (E14).

Host, attention to their needs, including the elderly in decision making, provide protection, comfort, [...], watch a systematic manner, [...], include the patient in care planning [...] (and 15).

For these nurses, SNC is the professional tool that allows a qualified patient listening and efficient planning of individualized care to the elderly hospitalized patient. As a science, nursing also seeks to structure their professional values. So that nurses can actually

build his identity in the field of assistance and demystify concepts and attitudes, it is necessary; above all, he abandons the use of interventions randomly without planning or scientific justification or reflection.¹⁷

The Nursing Process is the largest representation of the scientific method of the profession. It is directed by SNC, which occurs through the development and organization of team work that the nurse is responsible. SNC allows detecting the priorities of each patient regarding their needs and directs you to the possible interventions.¹⁷ Also; it provides the autonomy of nursing, especially if accompanied by nursing consultation and a good structuring of services, as these three elements linked, besides fostering the empowerment of a trader, the fall in the labor process in health effectively.¹⁸

Study notes that the rationale of Nursing is to provide assistance / care specific to individuals, groups, families and communities in their health-disease process. Emphasized that the nurse as manager of human health, has a duty to pursue increasingly develop concrete strategies to express new humanization in care practices modes, in view of the socio-political responsibility of his profession.³

Regarding the care of the elderly, the health professionals, especially those in nursing, which in their training work in elderly care, to formulate and implement proposals for coping with gerontological issues in contemporary society efficiently and effectively.

CATEGORY II - Respect the beliefs, values, identity and privacy of the elderly patient.

In this category, the nurses expressed some strategies used to promote the care of the hospitalized elderly patient. Among them, there is respect for the beliefs, values, identity and privacy of the individual. These aspects were referred by nurses. Allude to key perspectives of a humanized, as expressed by the lines below:

One strategy I use is to call it by name and not as depersonalizing grandfather and grandmother (E1).

Always call the patient by name. We must treat you by name, not by pathology, by other aliases, like Grandpa or voice. Respect their values, their autonomy (E 3).

[...] Call by the name [...]. Always identify myself to him, I say I'm a nurse; I'll take care of it that turn [...]. (E 4).

I call the elderly patient by name. Respect their identity [...]. (E 5).

Seeking respect their values and beliefs [...] always call the patient by name, about their identity (ENF 9).

Respect the patient's identity, respecting their beliefs and values [...]. (E 10).

Elderly patients should be treated as a person who has their own identity.

I call you by your name and not sweet grandfather or granny [...] (E12).

I call the elderly patient by name. I identify myself as a professional. [...] (E 14).

From these reports, one can realize that the research participants value the individuality of hospitalized patients, especially elderly patients, by adopting different attitudes as to call it by name and to accept their beliefs. It is imperative that nurses overlaps good communication with the patient, rather than their own individual values and beliefs, so that you can achieve a higher level of understanding and clarity between him and the patient.¹⁹ To provide humanized care to seniors in special hospitalized, the professional

must be able to establish a relationship of complicity and treat you with dignity and respect, valuing their history, their beliefs, values and needs.²⁰

User satisfaction of health services is directly related to the professional attributes, such as the courteous behavior that assumes offer a smile, greet the patient to receive it and keep an eye contact with him during the process of communication. Thus, the establishment of a trust depends on good communication between the health professional and the patient, including non-verbal communication.²¹After all, this type of communication conveys important messages that may facilitate the provision of a humanized patient care elderly.

Other ways are indicators that the humanization process is being carried out by the professional, for example, attitudes like talking to a calm tone of voice and at a normal volume, look at it when you are explaining a procedure before performing it, use the touch as therapeutic treatment , courteous and respectful to establish contact and examine it in a caring way.²²Is noteworthy that among the attitudes mentioned , the act of treating the patient by name and introduce yourself as a professional were frequently mentioned in the speeches of nurses investigated .

As regards the humanized nursing care for elderly patients, is of fundamental importance personalized care and give full attention to that being special. Moreover, understanding intimacy in healthcare environment is crucial, since privacy and intimacy are considered as synonyms.²³

In this sense, respect for the dignity, integrity and privacy is essential to the practice of nursing professionals and other professionals of Health These views and reflections rescue morality, discernment between right and wrong and the attitude of putting in place the another, so that the trader can realize how to drive the action of caring.²⁴Such views can be identified in the following reports:

Provide maximum privacy for elderly patients in procedures [...] (E 1).

Respect the modesty of the patient [...] I put screen to promote privacy. Respect the privacy of this patient is a very important strategy to humanize the care [...] (E3).

Respect for patient privacy, the elderly already has a long-standing perception that if he did not want to wear a gown, respects her modesty. Then I'm trying to get around and speak the hospital routine for him, do not try to impose (E 6).

A good strategy is to reach out and introduce yourself to the patient to know that it is you that will take care of it [...]. I always try to maintain the privacy of the patient (E 7).

Respect your privacy physical [...] consider the ethical and bioethical issues that permeate hospital care (E 15).

This appreciation of the respect for privacy and modesty of the elderly reveals attitudes of professionals who contribute to the design and planning of a safe, stimulating the autonomy and independence of the patient. Therefore, the nurse must plan the environmental adaptation of older people during hospitalization. This fact is even more important, because many seniors have difficulty interacting in environmental situations that do not feel familiar, which may be a causative factor in the decline of his health.²⁵

Thus, care must be accompanied by the provision of a welcoming environment and adequate space for the patient to realize that you are being treated humanely, regardless

of age and medical condition.¹⁹ The hospitalized patient considers the bed and the objects that surround as its sovereign territory, be it a room or a ward.

Therefore, for the patient to feel respected professionals that comprise the health care team, among them nurses, must act in ways that develop attitudes such as knocking before entering the room, inform the patient about any changes bed and reasons for such changes, and ask permission to change the place of furniture that constitute its hospital. This mode of action of the professional health care team aims to preserve the privacy and autonomy of the hospitalized patient, understanding that change their territory without explanation a source of stress for the elderly.²⁶

Another approach concerns the application for permission made by professional, to strip and touch the patient. This attitude serves both to value it as a unique and quirky as to recognize that the patient's body is under the domain itself. Such an attitude gives the elder dignity and does not violate your privacy. Soon, their moral identity and autonomy are preserved.

On therapeutic touch, it is suggested that the professional is alert at some points, as the personal value that permeates the interaction between practitioner and patient, with respect to age, sex, social class, and respect for cultural differences and fear the patient, carefully his reaction to decide for an acceptable approach. It should be emphasized that not every touch is interpreted positively, so it is important to be aware of its effect.²⁴

Research conducted with thirty elderly hospitalized in a public hospital found that situations of territorial invasion that upset the elderly were mainly related to the noise caused by staff negligence with regard to the preservation of privacy and space limitations of the elderly. Have the situations of personal invasion were related to manipulation of the customer unit without his consent and with disregard for intimacy with the trivialization of body exposure.²⁶

Urge that the humanized care is a reality in the care of the elderly. This form of care assumes that respects old age and its process, using an individual -centered approach in the identity of the person, not the disease or the number of beds, considering their beliefs and values and ensuring respect for your privacy. Therefore, it is essential that nurses seek ever more human assistance, to anchor their daily practice to minimal care, respect and preserve the dignity of hospitalized elderly.

Category III - Recovery of verbal and non-verbal communication with the patient and his family.

This category considers the valuation of verbal and nonverbal nurse with the elderly and their families, a shared relationship that pervades the dialogue and contributes to enhance the humanization of nursing care. Communication is used by humans to provide information and to persuade, so that generates changes in behavior, to exchange experiences and to teach and discuss various subjects.²⁷

In contemporary nursing, communication is a process of understanding, sharing messages sent and received. The messages themselves and the way that gives their exchange influence the behavior of people involved in it.²⁸ These statements highlight the potential of communicative process in nurse-user interaction, especially in the hospital setting.

During the hospitalization process, is essential to provide a new way to look and act professional with patients who are under their care. Arguably, the hospital environment, the communication of the nursing staff is not effective.¹ Thus, during hospitalization, the patient remains outside the family environment and is exposed to a completely strange environment where routines and standards control and determine their actions. However, not always, this is seen by professionals who cater.²⁹

In the following reports, it is observed that nurses employ verbal communication through dialogue and non-verbal, in order to meet the patient's needs, to offer you a humanized assistance and strengthen the bond between nurse and elderly hospitalized, nurses and family members of said patient, as shown by the excerpts of statements below:

The dialogue, I think is very important. Try to talk and listen to the elderly patient to meet him and know what he wants at that moment, how are you feeling, and try to talk with your family members [...] (ENF 6).

I also use verbal and nonverbal communication. Listening to the patient by talking to him, trying to find out what he has to say, also talking with their families [...] (E 11).

Hear it; take the time to listen to the elderly. Listen to their complaints, desires, fears, etc. (E 15).

Consider verbal communication and important to humanize care for elderly patients listens (E 10).

I use verbal and non-verbal communication to maintain a good relationship with the patient and hospitalized elderly and their families (E 5).

These reports show that nurses seek to develop strategies, in particular the communication, to provide a full and humanized this entity and their families assistance. Through communication, they were able to identify the individual needs of older people, listening to their physical and emotional complaints and evaluating what is important to them at that moment, aiming perform a more adequate nursing care.

Study emphasizes that communication is not simply an exchange of messages between nurse and patient, but an action that must be planned and individualized and is not held only by impulses, intuitively. Is therefore necessary that the communication with the patient, the professional identify your needs, informing them about procedures or situations that he wants to know, and seek to promote health education, exchange of experiences and behavior change, among other.³⁰

Another study adds that nurses must articulate knowledge enabling care through affective and cognitive domain that include the subjectivity in the therapeutic and educational practices, especially communication activities, to strengthen the bond between professional and user.³¹

Thus, therapeutic communication is driving spring regarding the humanization of nursing care, as it consists in the ability of the professional to apply their knowledge about communication to help people, especially the elderly, with temporary tension, adjust-if what cannot be changed and overcome blockages related to self-realization to face their problems.²⁹ For this, there must be constant dialogue between them, cultivating trust, respect and empathy, which contributes to the process restoring the patient's.³²

Directed nursing care for the elderly hospitalized patient should be individualized, taking into account that it becomes weakened by the natural aging process, often from the

perspective of reduced survival. For this reason, nurses should get closer to him and communicate with him to identify your needs and provide you with a better quality of life.

Therefore, it is undeniable the importance of communication, since this is considered an important strategy to humanize targeted assistance to elderly patient, which requires a high level of sensitivity to their verbal expressions and nonverbal that may indicate the nurse your individual needs.³² It should be noted, however, that not just the professional use only verbal communication. We must be attentive to nonverbal cues emitted during the interaction with the patient.³³

Another important point highlighted in the interviews was that the study participants value communication as a means of informing the patient about the proposed elderly care, to pass on information to family members about it and acquire them information about the patient, as noted in these reports:

Simple things like listen (listen) informing the patient and talk everything will be done with it. Despite being old, it needs to know what will be done. Seeking also is listening to the family [...] (ENF 3).

[...] I try to talk extensively with the patient and I transmit information to relatives about their health condition, try to hear them too [...] (ENF 2).

[...] Value communication with the patient [...], encouraging family participation in care and talk to them about the patient's condition (ENF 8).

Seeking interact well with elderly patients and their families, as well as seeking to acquire information from the family about it, which contributes to a humanized (E 4).

The reports show that nurses use communication to provide information to the elderly patient, because they recognize that he has the right to be informed about their health, about the alternatives of care being provided to them and on the goals of therapy, and this professional duty not to initiate a procedure without the permission of the patient. All these rights are backed by the Code of Ethics for Professional Nursing, in its Article 17, which stipulates the duty of the nurse: "To provide adequate information to the person, family and community about the rights, benefits, risks and complications about Assistance Nursing".⁷

Moreover, the statements of these nurses emphasized that her attitude to use communication to inform the elderly about aspects of care that you will receive reflects a competent and ethical behavior, as well acting his conduct will be suited to the needs of elderly patients and contribute to a humanized.

Family members were also appointed as intermediaries of the information provided and requested by professionals. It is understood that this attitude adopted by family shown in the depositions took place, on the one hand, as a possibility to more than nurses support the planning of nursing care to the elderly patient and not as a limitation of their autonomy.

Moreover, this attitude of the family was seen as a resource to provide information to families about the senior who is hospitalized, to alleviate his anxieties and expectations arising from this situation. Communication is also much used by nurses to provide support to family members as to facilitate their access to visit the hospitalized elderly, as the following excerpts:

*Listening to patients and their families [...]. On certain occasions, seeking flexible access to family visits (E1).
Try to talk with patients, listening to their complaints and also give full support to their families (E 12).*

In these reports, you can see that nurses seek to offer families the elderly to listen, support for this new reality faced by them and flexibility in hospital routine, with regard to family visits, allowing them access to the inpatient units.

Study highlights the importance of support for the family of nurses who have an elderly relative in hospital. This support may be health education, exposed in a gradual fashion so that family members know the implications of care which must be provided to the elderly and can achieve sufficient independence in this situation.³⁴

Thus, this support becomes more relevant when the family is accompanying, as health education will help you collaborate with the healthcare team during their stay in the hospital for the elderly, to continue on discharge from hospital or face mourning, in situations of death in the elderly.

Therefore, considering the importance of therapeutic communication and its benefit in restoring the health of patients, one should check if this is to enable reflections on the interfaces that care for the hospitalized client facing as well as contributions to the improvement of quality of nursing care.³⁰

The development of empathic communication is not an easy process to achieve, because this ability is not an intrinsic characteristic of certain people. Communication is a skill which requires the professional discipline and it requires a change of focus and attitude. In other words: transition from doing to listen, perceive, understand and identify needs and only then plan activities carefully.

In this sense, listening is not just hearing, but remains silent, use gestures of affection and smile that express acceptance and encourage the expression of feelings. Realize is not only look, but to identify the different dimensions of the other, through their experiences, behaviors, emotions and spirituality.³³

It is noticeable that the nursing staff plays a fundamental role in the recovery process of the hospitalized elderly, since it promotes emotional and informational support on the necessary care for their rehabilitation, in addition to providing peace and comfort towards the feelings and expectations. Therefore, it is believed that therapeutic communication will facilitate the establishment of significant assistance in understanding and coping made by the elderly and their families, the different nuances of the hospitalization process.

CONCLUSION

This study focused on the strategies adopted by nurses to promote humanized nursing care to the elderly hospitalized patient. From the analysis of participants' speech, it was found that they use and value the following strategies: reception and individualized nursing care, respect for autonomy, verbal and nonverbal communication with the elderly and their families, respecting the beliefs, values, identity and privacy during their hospitalization.

The strategies referred to emphatically express the commitment of nurses participating in the research, regarding the promotion of humane care for elderly patients hospitalized. Moreover, reveals the ethical and professional conduct consistent those in care practice, as seek to value the elderly hospitalized in its entirety, that is, a holistic perspective.

This relevant to the field of nursing, in particular for assistance under study is considered, since it may encourage more nurses to reflect on the practice of humane care for the elderly patient hospitalized and support further research on the said subject.

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