

Humanized nursing care for cancer patients: integrative review

Cuidado de enfermagem humanizado ao paciente oncológico: revisão integrativa

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ABSTRACT | OBJECTIVE: to verify how the nursing team promotes humanized care to cancer patients. **METHOD:** an integrative review, in which the steps described by Cooper were followed, using the databases SciELO, LILACS and BDNF, using the descriptors of humanization of care, oncology and nursing. The inclusion criteria were: articles available in full and free of charge, in Portuguese, published between 2008 and 2018. Data were collected between the months of January and February 2019 and analyzed with content analysis, enabling the discussion of their results. **RESULTS:** the factors that promote humanized care are: welcoming; valorization of the patient and attention to his global needs; establishing a good relationship, good communication, active listening and creating bonds with the patient and his family; respect for the patient's individuality, autonomy and particularities; spiritual needs and faith; qualification of professionals; periodic team meetings; protection of patient's rights; development of recreational activities; and improving infrastructure in the hospital environment. **FINAL CONSIDERATIONS:** the factors that promote humanized care are directly related to the attitudes and behavior of nursing professionals who assist patients guided by the National Health Humanization Policy.

DESCRIPTORS: Humanization of care. Oncology. Nursing.

RESUMO | OBJETIVO: verificar de que forma a equipe de enfermagem promove o cuidado humanizado ao paciente oncológico. **MÉTODO:** revisão integrativa, na qual foram seguidas as etapas descritas por Cooper, através das bases de dados SciELO, LILACS e BDNF, utilizando-se os descritores de busca humanização da assistência, oncologia e enfermagem. Os critérios de inclusão foram artigos disponíveis na íntegra e gratuitamente, em língua portuguesa, publicados entre 2008 e 2018. Os dados foram coletados entre os meses de janeiro e fevereiro de 2019 e analisados conforme técnica de análise de conteúdo, propiciando a discussão dos seus resultados. **RESULTADOS:** os fatores que promovem a assistência de enfermagem humanizada são: acolhimento; valorização do paciente e atenção às necessidades globais; estabelecimento de bom relacionamento, boa comunicação, escuta ativa e criação de vínculos com o paciente e sua família; respeito à individualidade, autonomia e particularidades do paciente; necessidades espirituais e fé; qualificação dos profissionais; reuniões de equipe periódicas; proteção aos direitos do paciente; desenvolvimento de atividades lúdicas; e melhoria da infraestrutura no ambiente hospitalar. **CONSIDERAÇÕES FINAIS:** os fatores que promovem a assistência de enfermagem humanizada estão relacionados diretamente com atitudes e comportamento dos profissionais de enfermagem que assistem os pacientes orientados pela Política Nacional de Humanização da Saúde.

DESCRITORES: Humanização da assistência. Oncologia. Enfermagem.

Introduction

Humanization, in its literal sense, means the act of making it human, or giving something and/or some situation a human condition; it is to make it benevolent, affable, compassionate, and charitable¹.

According to Freitas and Ferreira², the concept of humanization is associated with the right to health, and to the development of care in the health services that aims at quality of care, disregarding the fundamentals of charity and philanthropy, but understanding the autonomy of the individuals and their role in the context of citizenship.

The Brazilian National Humanization Policy (*Política Nacional de Humanização*, PNH) was launched by the Ministry of Health in 2003, with the purpose of applying the principles of the Unified Health System (*Sistema Único de Saúde*, SUS) in the routine of the health services, its principles being transversality; inseparability between attention and management; protagonism, co-responsibility and autonomy of the individuals and collectives, based on the guidelines of welcoming, participative management and co-participation, ambience, expanded and shared clinic, valuing the worker, and defending the rights of patients³.

In this sense, Theobald et al.⁴ highlight as pillars of humanized care establishing dialog, allowing the patient to have access to information about his illness, treatment and prognosis, and respect for autonomy.

According to Brito and Carvalho⁵, in different health services, especially in oncology and palliative care units, there is a need for humanized practice in the face of long periods of hospitalization of patients and the psychological fragility of the patient and his family, since patients with malignant neoplasms demand differentiated assistance, as it supports the pathology itself, and the stigma of the disease, living with an uncertain prognosis, fear of dying, anxiety and depression, and above all, his will to live.

The nursing team has great importance in care, and must consider aspects that can reduce the influences of suffering and enable the establishment of humanized care, implementing care that goes beyond the technical, such as the establishment of

bond, friendship, empathy and trust, promoting to the patient the feeling of belonging to the process observing the entire human dimension⁶.

In this sense, the justification for carrying out this research is due to the growing number of patients affected by neoplasms in Brazil and in the world, becoming an important health problem in the scope of chronic non-communicable diseases; in view of this, there is the need to qualify and humanize the nursing care provided to cancer patients. Thus, it is expected that the results may contribute to understanding the specificities of cancer patient care and the ways to humanize the nursing care provided to them.

Nursing, for this aspect, needs to be prepared and trained to develop the humanized care that the cancer patient demands. In view of this, this study aims to verify how the nursing team promotes humanized care to the cancer patient.

Method

This is an integrative literature review carried out following the five stages described by Cooper, namely: problem formulation, data collection, data evaluation, data analysis and interpretation, and presentation of the results⁷.

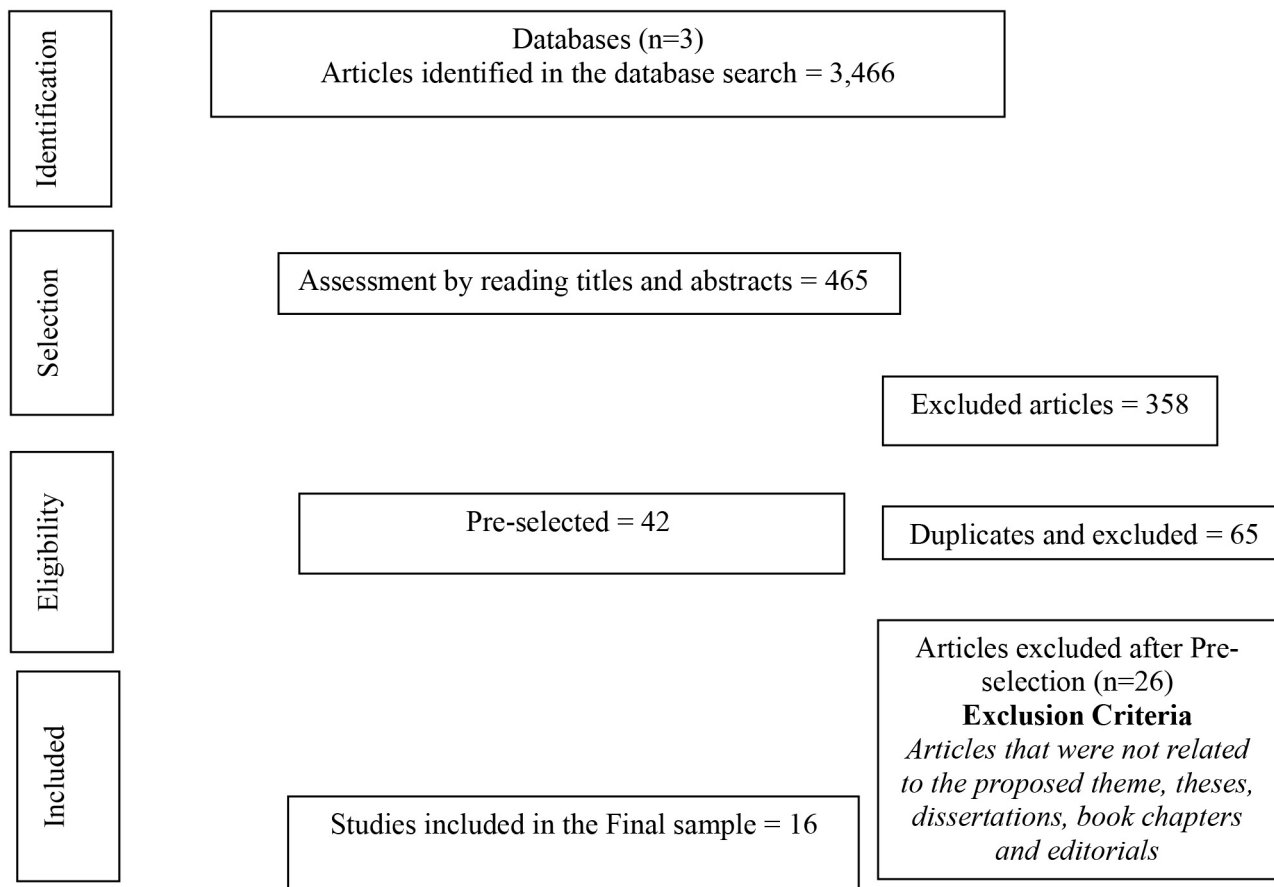
In this sense, for this integrative review, the following guiding question was used: How does the nursing team promote humanized care to cancer patients?

The search for scientific articles was carried out in the Scientific Electronic Library Online (SciELO), in the Latin American and Caribbean Literature on Science and Health (*Literatura Latino-Americana e do Caribe em Ciência e Saúde*, LILACS), and in the Nursing Database (*Banco de Dados da Enfermagem*, BDEFN), using the following Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DeCS): *Humanização da Assistência, Oncologia, Enfermagem* (Humanization of Care, Oncology, Nursing).

The inclusion criteria for selecting articles were texts in Portuguese and available in full and free of charge, published between 2008 and 2018. Duplicate articles, books, abstracts, editorials, monographs, dissertations and theses were excluded.

3,466 articles were found, of which 1,010 were in the Lilacs database, 2,199 in the BDNF and 257 in the Scielo library. The previous selection that applied the established criteria generated a bank of 465 articles for use. Then, the subsequent choice through the observation of titles and abstracts excluded 358 articles unrelated to the theme of the study and another 65 due to duplication. After a full reading of the remaining 42 articles, 26 were excluded, as they did not answer the guiding question. Thus, 16 articles were included for analysis in this integrative review.

Figure 1, described below, shows the databases consulted and the number of publications identified, as well as the number of articles selected after reading them entirely



The selected articles were analyzed critically and according to authenticity, methodology, importance and representation of the information, being possible to use tables constituted of detailed information of the articles, making verification possible at any time of the evidenced results and conclusions. In addition, it allowed the researcher challenges by discussing conditions of its impacts, recommendations, and suggestions for the nursing practice.

In this study, the compendium, confrontation, and discussion of the data were carried out through a synoptic table composed of Article number, Title, Journal (volume, number, and year of publication), authors, objectives, methodology, and factors that promote humanized nursing care to cancer patients.

For data analysis, the content analysis technique proposed by Bardin⁸ was used. The results were presented in a descriptive way through discussion of the data, in a summary format, as well as the data obtained from the articles and journals used. Ethical care in relation to the scientific publications used in this study was observed with the appropriate citation to the authors of the included studies⁹.

Results and discussion

Of the articles selected for data analysis, 50% were published between 2014 and 2018. According to the methodology used, 94% of the articles were qualitative research studies. Table 1 represents the synthesis and characterization of the selected articles.

Chart 1. Characterization of the selected studies (n=16), according to article titles, year, authors, methodology and main results. Cachoeirinha, Rio Grande do Sul, 2020 (to be continued)

Code	Title	Authors	Journal/Year	Methodology	Main Results
A1	Cuidados paliativos ao paciente em fase terminal ¹⁰	Andrade CG, Alves AMPM, Costa SFG, Santos FS.	Revista baiana de enfermagem; 2014.	Exploratory and qualitative	- Care measures linked to the patient's needs; - Valuation of all aspects and dimensions of the patient.
A2	Percepção da equipe de enfermagem frente aos cuidados paliativos oncológicos: estudo fenomenológico ¹¹	Silva WCBP, Silva RMCRA, Pereira ER, Silva MA, Marins AMF, Sauthier M.	Jornal Brasileiro de Enfermagem; 2014.	Descriptive and qualitative	- Specific qualification for the nursing professionals; - Protection of the patients' rights.
A3	Humanização: uma leitura a partir da compreensão dos profissionais da enfermagem ¹²	Duarte,MLC Noro A.	Revista Gaúcha de Enfermagem; 2010.	Qualitative research	- Active listening; - Promotion of periodic discussions and meetings of the health team.
A4	Comunicação interpessoal: valorização pelo paciente oncológico em uma unidade de alta complexidade em oncologia ¹³	Rennó CSN, Campos CJG.	Revista Mineira de. Enfermagem; 2014.	Exploratory and qualitative case study.	- Well established interpersonal communication; - Maintaining more patient-centered relations.
A5	Desvelando o cuidado humanizado: percepções de enfermeiros em oncologia pediátrica ¹⁴	Santos MR, Silva L, Misko MD, Poles K, Bouso RS.	Texto & Contexto Enfermagem; 2013.	Exploratory-descriptive and qualitative.	- Strengthening the relation between the professional, the family and the patient; - Encouraging faith; - Holding meetings with the team.
A6	Cuidados paliativos à criança com câncer ¹⁵	França JRFS, Costa SFG, Nóbrega MML, Lopes MEL.	Revista de enfermagem da UERJ; 2013.	Field research, with a qualitative approach.	- Promotion of authentic communication and bonding, based on universal humanistic values.
A7	Cuidado de enfermagem oncológico na ótica do cuidador familiar no contexto hospitalar ¹⁶	Sales CA, Grossi ACM, Almeida CSL, Silva JDD, Marcon SS.	Acta paulista de enfermagem; 2012.	Qualitative, descriptive, and exploratory.	- Improvement of the infrastructure in the hospital setting to welcome the family; - Promoting holistic, comprehensive, authentic, and effective care.
A8	O cuidar em quimioterapia: a percepção da equipe de enfermagem ¹⁷	Lima EFA, Coelho SO, Leite FMC, Sousa AI, Primo CC.	Cuidado é Fundamental Online; 2014.	Descriptive and qualitative.	- Promoting adequate interpersonal relations; - Valuing the individual as a human being.

Chart 1. Characterization of the selected studies (n=16), according to article titles, year, authors, methodology and main results. Cachoeirinha, Rio Grande do Sul, 2020 (conclusion)

Code	Title	Authors	Journal/Year	Methodology	Main Results
A9	Satisfação do paciente oncológico diante da assistência de enfermagem ¹⁸	Silva LC, Duprat IP, Correia MS, Ramalho HTP, Lima JA.	Rev. Rene; 2015.	Descriptive and quantitative.	- Welcoming, supporting, and transmitting confidence by the nursing professionals.
A10	Atividades lúdicas realizadas com pacientes portadores de neoplasia internados em hospital geral ¹⁹	Moura CC, Resck ZMR, Dázio EMR.	Rev. Rene; 2012.	Qualitative and phenomenological	- Recreational activities promote humanization of care, help patients to face the disease, and facilitate interaction with the multi-professional team.
A11	Densidade tecnológica e o cuidado humanizado em enfermagem: a realidade de dois serviços de saúde ²⁰	Lima AA, Jesus DS, Silva TL.	Physis; 2018.	Qualitative and multiple-case study	- Adequate professional training and awareness of their responsibility; - Practicing the "affectionate and therapeutic touch".
A12	Humanização da assistência à saúde na percepção de enfermeiros e médicos de um hospital privado ²¹	Calegari RC, Massaro LLO, Santos, MJ.	Revista da Escola de Enfermagem da USP; 2015.	Exploratory, descriptive, and qualitative.	- Respect for the patient's individuality, autonomy and culture; - Promoting training on humanization for the health professionals; - Participation in Hospital Accreditation programs.
A13	Humanização no cuidado de enfermagem nas concepções de profissionais de enfermagem ²²	Chernichar OIM, Silva FD, Ferreira, MA.	Escola Anna Nery; 2011.	Qualitative, exploratory, And descriptive	- Guaranteeing the patients' rights; - Qualifying the professionals in relation to humanization; - Understanding the context in which the patients are inserted.
A14	Representações sociais sobre humanização do cuidado: implicações éticas e morais ²³	Araujo FP, Ferreira MA.	Revista Brasileira de Enfermagem; 2011.	Qualitative	- Resolute actions, clinical evaluation, and respect for the patient's right; - Informing the patient about the health status and care provided; - Promoting patient autonomy and protagonism.
A15	A humanização segundo pacientes oncológicos com longo período de internação ²⁴	Brito NTG, Carvalho R.	Einstein; 2010.	Descriptive-exploratory, prospective and qualitative-quantitative.	- Demonstrating interest and empathy for the patient.
A16	Necessidades espirituais vivenciadas pelo cuidador familiar de paciente em atenção paliativa oncológica ²⁵	Rocha RCNP, Pereira ER, Silva RMCRA, Medeiros AYBV, Refrande SM, Refrande NA.	Revista Brasileira de Enfermagem; 2018.	Descriptive and qualitative	- Meeting the spiritual needs of the patient.

Source: The authors (2020).

Numerous factors have been identified that promote humanized nursing care to cancer patients and, for a better understanding and discussion of the results found, Table 2 organized the groups of elements that promote humanized care as shown below.

Chart 2. Groups of elements that promote humanized care to cancer patients, Cachoeirinha, Rio Grande do Sul, 2020.

Group 1 - Related to the patients and their families	Group 2 - Related to the nursing team	Group 3 - Related to the place of hospitalization/care
<ul style="list-style-type: none"> - Welcoming (9A) - Valuation of all the dimensions and attention to global needs (1A, 6A, 7A, 8A, 13A, 15A) - Establishing good relationships and creating bonds (3A, 4A, 5A, 8A, 9A, 11A, 12A, 15A) <ul style="list-style-type: none"> - Establishing good communication and active listening (3A, 4A, 5A, 6A, 8A, 14A) - Respect for individuality, autonomy, and particularities (8A, 12A, 13A, 14A) - Support for spiritual needs and faith (5A, 7A, 12A, 16A) 	<ul style="list-style-type: none"> - Specific qualification of the professionals and periodic team meetings to discussions (2A, 3A, 5A, 11A, 12A) - Protection of the patient's rights (Advocacy) (2A, 14A) - Development of recreational activities (3A, 10A) 	<ul style="list-style-type: none"> - Improvement of the ambience or infrastructure in the hospital setting (7A, 12A)

Source: The authors (2019).

Discussing the results of the elements found in Group 1, welcoming was presented as a factor directly linked to humanization by one of the studies (9A). Humanization is inserted in the welcoming process, based on the establishment of a comprehensive, altruistic, and reliable relation between the users and the health professionals²⁶.

In this sense, it is noteworthy that patients with diseases with no possibility of cure should receive care that promotes comfort, relieves symptoms, and controls pain, enabling the reestablishment of their basic condition as human beings according to their potential¹⁰.

In this context, it is important to highlight the importance of valuing the patient in all his dimensions (bio-psycho-socio-spiritual), and the meeting of the global needs was presented in six studies (1A, 6A, 7A, 8A, 13A, 15A). Thus, it is essential to preserve the patient's dignity, considering them an integral human being, i.e., as the union of the body, the mind and the spirit, observing their weaknesses and potentialities with a view to improving the quality of the care provided²⁷.

Establishing good relationships and building bonds between professionals, patients, and family members was pointed out in eight studies as being of great importance for the practice of humanized nursing care to cancer patients (3A, 4A, 5A, 8A, 9A, 11A, 12A,

15A); thus, humanization involves protagonism and valuation of the patient and his family in the care of cancer patients, as an important source of emotional support, identification of side effects, and for being with the patient in all care scenarios²⁸.

However, one must consider the search for a new look to unveil and understand the phenomena; in this case, the transformations that cancer patients undergo, as well as the need for quality nursing care, this consists not only in the preparation and technical-scientific basis of the professionals, but also in the experience of the other person and in the approach of the professional practice, so that anyone who can understand the experiences of the patients can also be understood¹¹. This premise leads to the valuation of the nursing team work as a strategy for the quality of care provided.

The practice of effective communication between the health team, the patients, and the family members, as well as qualified listening has been described in six studies (3A, 4A, 5A, 6A, 8A, 14A). Communication is defined as one of the pillars for the implementation of the National Humanization Policy (PNH) in the health services, favoring the health professional to understand the patient, in his needs and uniqueness²⁹. The second pillar of humanization refers to the patient's access to information about his diagnosis, treatment and prognosis, promoting his involvement in the choices about his own health⁴.

In this way, respect for the patient's individuality, autonomy, and uniqueness was presented in four studies (8A, 12A, 13A, 14A); and the need was evidenced in the studies for the nursing team to consider the patient's wishes, decisions, and acceptance, that is, their specificities and autonomy, contributing to humanized care^{4,30-31}.

The support for the spiritual needs and Faith of the patient by the nursing professionals was described in four studies (5A, 7A, 12A, 16A), spirituality in its forms of expression is linked to the values of the human being, essential to life, and which allow enduring difficult situations and negative feelings³².

Another essential aspect in the care meeting in order to develop the relation of help and trust is empathy, understood as the nurse's ability to experience the private universe of the other and through the establishment of trust and bonding to enable the patient to believe and adhere to the treatment¹⁴.

Group 2 of the elements that favor the practice of humanized nursing care concerns the nursing team in its activities and conduct. In this group, the specific qualification of the professionals working in oncology and the holding of periodic team meetings to debate and discuss the theme was pointed out in five studies (2A, 3A, 5A, 11A, 12A). To improve the quality of care provided to cancer patients, training the professionals through permanent education, specialization, team meetings to discuss cases and exchange knowledge, and in-service training are essential for the structuring and practice of humanization³³.

Regarding the protection of the patient's rights, two studies addressed this issue (2A, 14A), and reinforce that the health professionals working in oncology need to recognize and respect the rights and the ethical and legal aspects that involve patient care, informing and clarifying them about the care provided, assisting in decision making and coping with the difficulties found during the treatment³⁴.

The development of recreational activities with patients undergoing cancer treatment was pointed out by two authors (3A, 10A); through games, the patient can express the negative feelings involved by the neoplasm, experiencing, reorganizing, and re-signifying through the symbolism of playing out their conflicts³⁵.

In the meantime, it is understood that nursing care is not restricted to the patient's therapeutic assistance, but must be extended to his family members, through actions that aim to encourage them to stay with the patient, supporting him during the treatment through healthy activities, obtaining necessary information on the use of the medications and on the care actions to be performed¹⁶.

Group 3 of the elements is related to the place of hospitalization where the care offer to the cancer patients occurs, which mostly comprises the hospital setting, the ambience conditions, as well as its infrastructure, being important for the practice of human care for patients affected by neoplasms (7A, 12A).

In addition to the infrastructure, the factors that contribute to human care in the care of cancer patients are also aspects related to the organizational culture, multidisciplinary team, and autonomy²¹.

In relation to the organizational culture, the following aspects stand out: the religious identity of the entity accredited, the position of the board with the employees, the concern with education for humanization, and the implementation of Accreditation programs in order to favor the implementation of the humanization of nursing care²¹.

In this sense, the infrastructure of a hospital serves as a support for management and for the promotion of humanization because, through comfort, individuality, and autonomy in the hospital setting, the cancer patient feels welcomed and satisfied with the care provided¹.

Final considerations

This study allowed for the identification of the importance of promoting humanized care, in addition to highlighting the factors that promote humanized nursing care directly related to the attitudes and behavior of the professionals who care for the patients. In this way, the importance of the National Humanization Policy is maintained in directing and implementing the best practices of the humanization of care in the context of the health-disease process of patients with neoplasms.

In view of the relevance of the theme, it is suggested that new qualitative and phenomenological studies be carried out that deal with the importance of humanized nursing care based on the reality experienced by the cancer patients, contributing to improving the quality of nursing and health care.

Author contributions

Anacleto G participated in the conception, design, search, and statistical analysis of the research data, interpretation of results, and writing of the scientific article. Cecchetto FH participated in the orientation, research data collection, data interpretation, and writing. Riegel F participated in the conception, design, interpretation of results, and writing of the scientific article.

Competing interests

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to: grants and funding, participation in advisory councils, study design, preparation of manuscripts, statistical analysis, etc.)

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