



**HUMANIZATION PERMEATING NEWBORN NURSING CARE**  
**HUMANIZAÇÃO PERMEANDO O CUIDADO DE ENFERMAGEM NEONATAL**  
**HUMANIZACIÓN PERMEANDO EL CUIDADO DE ENFERMERÍA NEONATAL**

*Flávia Andrade Fialho<sup>1</sup>, Iêda Maria Ávila Vargas Dias<sup>2</sup>, Rosângela da Silva Santos<sup>3</sup>, Leila Rangel da Silva<sup>4</sup>, Marli Salvador<sup>5</sup>*

**ABSTRACT**

**Objectives:** to describe the understanding of nurses about humanization in neonatal intensive care units; discuss the strategies of humanization of care applied in neonatal intensive care units in the light of the Theory of Human Caring. **Method:** qualitative study, in which subjects were nurses working in Neonatal Intensive Care Units of the Federal University Hospitals of Southeastern Brazil. Data collection was through interviews and for data analysis the thematic analysis was used. **Results:** first, the study presents the characterization of the subjects and then the two categories that have emerged, one of which deals with the understanding of participants on humanization and the other with humanization strategies and their limitations. **Conclusion:** it is recognized that there are still gaps to be overcome in the search for effective promotion of a humanized care, which makes necessary further expanding knowledge and incorporating attitudes based on scientific evidence that humanize the neonatal care. **Descriptors:** Nursing; Humanization of Care; Newborn; Neonatal Intensive Care Units.

**RESUMO**

**Objetivos:** descrever o entendimento dos enfermeiros acerca da humanização em unidade de terapia intensiva neonatal; discutir as estratégias de humanização do cuidado aplicadas em unidades de terapia intensiva neonatal sob a luz da Teoria do Cuidado Humano Transpessoal. **Método:** estudo de abordagem qualitativa, no qual os sujeitos foram os enfermeiros atuantes em Unidade de Terapia Intensiva Neonatal dos Hospitais Universitários Federais da região sudeste do Brasil. A coleta de dados foi por meio de entrevista e para a análise dos dados foi empregada a Análise Temática. **Resultados:** inicialmente é apresentada a caracterização dos sujeitos e a seguir as duas categorias que emergiram, sendo que uma aborda o entendimento dos participantes sobre humanização e a outra as estratégias de humanização e suas limitações. **Conclusão:** é reconhecido que ainda temos lacunas a vencer na busca da promoção efetiva de uma assistência humanizada, o que torna necessário seguir ampliando os conhecimentos e incorporando atitudes baseadas em evidências científicas que humanizem o cuidado neonatal. **Descritores:** Enfermagem; Humanização da Assistência; Recém-Nascido; Unidades de Terapia Intensiva Neonatal.

**RESUMEN**

**Objetivos:** describir el entendimiento de los enfermeros acerca de la humanización en unidad de terapia intensiva neonatal; discutir las estrategias de humanización del cuidado aplicadas en unidades de terapia intensiva neonatal sobre la base de la Teoría del Cuidado Humano Transpersonal. **Método:** estudio de enfoque cualitativo, en el cual los sujetos fueron los enfermeros actuantes en Unidad de Terapia Intensiva Neonatal de los Hospitales Universitarios Federales de la región sudeste de Brasil. La recolección de datos fue por medio de entrevista y para el análisis de los datos fue empleado el Análisis Temático. **Resultados:** inicialmente es presentada la caracterización de los sujetos y a seguir las dos categorías que surgieron, siendo que una enfoca el entendimiento de los participantes sobre humanización y la otra las estrategias de humanización y sus limitaciones. **Conclusión:** es reconocido que todavía tenemos lagunas a vencer en la búsqueda de la promoción efectiva de una asistencia humanizada, lo que torna necesario seguir ampliando los conocimientos y incorporando actitudes basadas en evidencias científicas que humanicen el cuidado neonatal. **Descriptor:** Enfermería; Humanización de la Asistencia; Recién-Nacido; Unidades de Terapia Intensiva Neonatal.

<sup>1</sup>Nurse, PhD Student, Stricto Sensu Graduate Program in Association in Bioethics, Applied Ethics and Public Health / FIOCRUZ / UFRJ / UERJ / UFF. Rio de Janeiro (RJ), Brazil. E-mail: [flavinhafialho@bol.com.br](mailto:flavinhafialho@bol.com.br); <sup>2</sup>RN, PhD Professor, School of Nursing, Federal University of São Paulo / UNIFESP. São Paulo (SP), Brazil. E-mail: [vargasdias@hotmail.com](mailto:vargasdias@hotmail.com); <sup>3</sup>Nurse, PhD Professor, School of Nursing, Universidade do Estado do Rio de Janeiro / UERJ. Researcher 1C of CNPq and FAPERJ. Rio de Janeiro (RJ), Brazil. E-mail: [rosangelaufjr@gmail.com](mailto:rosangelaufjr@gmail.com); <sup>4</sup>Nurse. PhD Professor, School of Nursing Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro / UNIRIO. Rio de Janeiro (RJ), Brazil. E-mail: [angel.leila@gmail.com](mailto:angel.leila@gmail.com); <sup>5</sup>Nurse, PhD Professor, School of Nursing, Universidade Federal de Juiz de Fora/UFJF. Juiz de Fora (MG), Brazil. E-mail: [marli.salvador@ufjf.edu.br](mailto:marli.salvador@ufjf.edu.br)

## INTRODUCTION

The hospital is not a place only of pain and suffering, it has always space that should be used for the development of humanistic activities, since hospitalization should not interrupt the natural process of development of newborns.<sup>1</sup>

Despite the day-to-day in hospitals is permeated by the technical dimension and compliance with routines, new opportunities can be visualized by nurses in seeking to apply the humanization of care.<sup>2</sup> In this perspective, it is crucial that the bio-psycho-socio-spiritual dimensions are considered.

Thus, health actions in this area should be rethought aiming at humanization of care in NICUs, guided in meeting the needs of all involved in this process. The word Humanization can be understood as the way to see and consider the human being from a global view, seeking to overcome the fragmentation of care. One of the aspects involved in a practice of this nature is related to the way we deal with each other, treating them with dignity and respect, valuing their fears and feelings.<sup>3</sup>

Humanizing is not a technique or device, it is an experiential process that permeates all activity of people caring for the patient, seeking to accomplish and provide the treatment they deserve as a human person, in the peculiar circumstances they face at all times inside the hospital.<sup>4</sup> In the hospital environment, humanization is a set of initiatives aimed at producing health care able to combine the best technology available to promote acceptance and ethical and cultural respect to the patient.<sup>3</sup>

Today, the theme of humanization of health services has been taken into account by government policies, health services and academia. In this regard, the Ministry of Health created the National Humanization Program (PNHAH), which provides for the organization of health services considering two interrelated angles: the humanization of care to the public and the humanization of the health professional working conditions.<sup>5</sup>

In the pursuit of this humanized care, it is essential that the knowledge of the biological and social sciences interlace the knowledge of other areas, such as arts and philosophy, allowing to reach a more comprehensive and accurate understanding of human nature, which will allow the development of a comprehensive and personalized care, targeted not for the disease, but for the human being who falls ill.<sup>1</sup>

Watson in his Theory of Human Caring addresses these emerging issues in nursing by addressing the view of transpersonal unit of mind, body and spirit. Such thinking calls for a sense of reverence and respect for life and serves as a model for advanced nursing practice.<sup>6</sup>

In this paradigm, one can incorporate art, science and spirituality, as well as redefine them, recognizing a convergence between this triad. Thus, the Transpersonal Nursing Theory offers a path that differs, but complements what we know as conventional nursing, as the creative use of knowledge as part of the healing process generates the art of practice of care and creates a care environment in all levels, physical and nonphysical.

The art of nursing care various search strategies for the care environment of the neonate, which may be used as a quality that actualizes human nursing care, because it enhances the vision of this care beyond the purely pathophysiological observation, involving manifestations of affection to the newborn who is hospitalized. And so, it contributes to the quality of human relationships so necessary to the effectiveness of nursing care, which reinforces the health-dimension of the newborn so that it cures the disease-dimension.<sup>7</sup>

The act of caring does not only comprise the treatment of the disease by a purely technical intervention, but primarily involves interaction and exchange between the newborn, their family and nursing. The realization of small changes opens up possibilities for deeper transformations in the care, and these changes relate not only to the production of technological resources but also to the appreciation of relationships that actualize the art of caring.<sup>8</sup>

In this context, the following objectives were set: to describe the understanding of nurses about the humanization in neonatal intensive care units; and discuss the strategies of humanization of care applied in neonatal intensive care units in the light of the Theory of Human Caring.

## METHOD

Article drawn from the dissertation << The Art of Nursing care: technologies applied to neonatal care >> submitted to the Nursing Graduate Program of the School of Nursing of the Federal University of Juiz de Fora / UFJF. Juiz de Fora - MG, Brazil. 2013.

This is a descriptive study of qualitative approach.<sup>9-11</sup> Research subjects were nurses working in Neonatal Intensive Care Units of

the Federal University Hospitals of Southeast Brazil. Inclusion criteria were being nurse and volunteer for the research.

After approval by the Ethics Committee in Research with Human Beings, of the Universidade Federal de Juiz de Fora, under the opinion No. 302/2012 and ruled in Resolution CNS 466/2012, it was carried out a process of invitation of subjects by telephone. Upon acceptance, researchers sent via e-mail or mail, depending on the preference of the subject, a questionnaire, together with the Informed Consent Form (ICF).

For participants who did not return the questionnaire within the stipulated period of 30 days, there was a new contact confirming the interest in participating in the research and a visit was scheduled to conduct a semi-structured interview. The instrument discussed issues relating to the concept of humanization and the strategies employed for the realization of this concept.

In seeking to achieve the manifest and latent meanings in the material collected, authors used the Thematic Analysis technique, also called Categorical Analysis. This type of analysis comprises a bundle of relations that can be graphically presented by a word, a phrase or a summary. It works by the break up of the text into units, in categories, according analog regroupings.<sup>12</sup>

## RESULTS

The presentation of this chapter starts with the characterization of the research subjects and then the thematic units developed from the analysis of data are presented.

First, researchers identified the Federal University Hospitals of Brazil using as source the Portal of the Ministry of Education and Culture (MEC). This search found 45 University Hospitals, of which 16 are in Southeastern Brazil.<sup>13</sup> Of these, eight have NICUs, which is the scene of the research.

It is worth noting that the university hospitals were chosen due to the belief that these are referral hospitals. While teaching hospitals, in most cases, they have the resources and incentives to carry out scientific research, which contributes that they are pioneers in the development of various areas of science.

In line with the criteria established in the methodology, it was possible to interview a nurse of each unit selected as field of study, a total of eight participants. Initially, the invitation to participate in the research was directed to the unit manager; however, most

of these managers has delegated this function to the clinical nurses of the unit.

Of the eight participants, seven were female and one male. The age of respondents ranged from 29 to 47 years old. The time since graduation ranged from 8 to 25 years, and the time of work in the NICU ranged from 7 to 25 years, that is, almost all have worked in the NICU since graduation. To preserve the anonymity of the subjects, their speeches were identified in the text with the letter N followed by a number.

The number of beds in the units where nurses work ranged from 5 to 60 beds, and the average of beds in the units investigated was 27. The time of existence of the NICU ranged from 12 to 40 years, and the average of existence of the units was 26 years. One of the participants could not tell the time of existence of the NICU in which she works.

The results obtained after analysis have resulted in thematic categories below.

### ◆ Neonatal Humanization: the understanding of NICU nurses

In discussing this category, one may also mention that for a long time neonatal care has been focused on the biomedical model, hospital-centered and in healing practices. The advance in this area has led to a re-configuration of this model and now what is sought is the realization of a care model based on the humanization of care. This is reflected in the speech of the research participants in addressing their understanding of what is humanization:

*Humanization in the neonatal unit is to welcome the newborn and their parents as best as possible. We know that intensive care environment is very stressful for both parents and for the NB. (N6)*

*Humanize is to serve the patient individually, dealing with various customer needs, in a comprehensive manner and including the family in care. (N3)*

With respect to adapting the environmental to the newborn needs, nurses acknowledged that environmental factors, since conception and birth, have important implications for the growth and development of the newborn, so this is a concern that permeates the NICU work, and so they mentioned:

*Humanization in NICU comprises the newborn care actions focused on their development; hosting the family, pain control; and especially environmental adaptation to the newborn needs, such as noise control, lighting control; I take care of it all. (N1)*

*Making the environment more comfortable for the baby, reducing noise, light, etc., it is to humanize care, for sure. (N7)*

Meeting the individual in an individualized and comprehensive manner in an exercise of empathy was also the understanding of humanization indicated in the statements of the subjects, considered essential for the realization of a care where the newborn is not seen as an object of the professional practice.

*[...] it means putting yourself in the other's shoes, is to treat the way you want to be treated, is to innovate in order to do differently, not in the sense of doing new things, but acting different from that we already do. (N2)*

*[...] it means making care human, means to put yourself in another's place, it is to have attitudes that a professional would have if the newborn was their child. (N7)*

For participants, humanizing care implies attitude, philosophy of life, the perception of self and other as a human being; humanization is understood as a process.

*Humanization in NICU is a continuous process that requires changes, even if these changes are objected by some people. (N4)*

To close this category, it can be said that, in the understanding of participants, humanizing is to host the family and include them in the care; is to adapt the environment to the newborn needs; is to meet the individual in an individualized and integral manner, putting themselves in the other's place.

#### ◆ Humanization strategies and their limitations

This category covers the strategies identified by participants as suggestion of humanization of neonatal care in intensive care units, as well as the difficulties to implement them. Among the strategies, there is highlight to: keeping parents longer with the newborn; meeting the family in all its needs; deploying the kangaroo mother method in some units that have not yet established it; lowering the lighting and noise in the unit; implementing music therapy; instituting pain protocols, as well as issues related to the working conditions of the professionals themselves.

It was mentioned by participants that often these strategies have not been implemented by several factors, including lack of investment, lack of involvement of the leadership and management of the institution; lack of humanization of the professionals themselves; difficulties related to the physical structure; lack of training and awareness of

the teams on the need of humanized care to the newborn.

Regarding the lack of involvement of the leadership and management of the institution, one can see that the efforts made by nursing professionals to humanize care in NICUs is a difficult, task that requires individual attitudes, and that, at times, go against the dominant system.

*[...] we may apply all strategies that include humanized care to the newborn, but there is lack of investment and involvement of the immediate leadership and management of the institution. Sometimes I feel a little ant trying to do something. (N1)*

It is worth noting that participants, right after referring to a humanization strategy, already mentioned the conditioning factor of its implementation, in which the financial limitation of the institution was the most reported.

*[...] bonding with the family is very important when talking about the newborn humanization, but it is difficult because of financial difficulty; for example, neither the mother nor the institution has money, not even to transport. (N4)*

*We even have ideas and want to do some things here, but we have some difficulties, there are issues of general structure, physical, social and especially financial structure. (N2)*

*Everything needs bidding, the institution never has money for anything, what we can do here is due to a lot of good will of those who want things to happen. (N8)*

Since the Neonatal Intensive Care Unit is a closed environment, where the entry of people is restricted, it was mentioned that the nursing professionals who work there do not have much opportunity to integrate with other hospital staff. Besides, working indoors demands some attention in the sense that the professional who works there also needs to receive humanized care in their work.

*[...] We still have much to do about the humanization, including the humanization of very work environment, which often needs improvement. (N6)*

*[...] the institution must also worry about the professionals, one of the proposals is to implement the workplace exercise; hold weekly meetings for routine discussion; promote the issue of rest; enlarge the changing room that is deficit. (N8)*

*Humanization is in every way, that is, so that the nurse provides a humanized care, they also must receive a humane treatment. (N1)*

According to the participants, the Neonatal Intensive Care Units in general operate with a deficit of professionals, particularly in



nursing, which interferes directly in the quality of care production, causing a work overload.

*[...] we need to hire more psychologists, more nursing professionals, that are in deficit, but the managers have not hired because of the crisis. So I do not know where we will get. (N6)*

*[...] there is need to hire more employees to avoid work overload. Unfortunately, we even had to close our kangaroo ward for lack of human resources [...]. (N5)*

As for physical structure, each work activity suggests the use of a specific physical space. Regarding humanized care environment, the atmosphere of integration, safety and reliability must be shared collectively, both for patients and for health professionals. So, the lack of space directly affects the staff, especially nurses, as well as users of the unit and their families, as demonstrated in the statements:

*Due to lack of physical structure, the kangaroo method has not yet been deployed, so we promote skin contact at the bedside whenever possible [...]. (N3)*

*[...] our lighting system does not have indirect light, so we only cover the incubators with cloth to reduce the incidence of light. We have already asked about the possibility of changing the lighting system, but there is no money for this at the moment. (N3)*

*[...] it's hard to keep mothers who are not participating in the kangaroo mother method for a very long time because there is no accommodation for them. (N2)*

Associated with structural difficulties, participants mentioned the lack of training and awareness of the teams on the need of humanized care to the newborn. A nursing team with a sensitive listening is as important as the technical procedure, since not always the technical knowledge is enough in the face of stressful situations.

*[...] there is need of more training and staff awareness to promote the humanized care, but it can not be only lectures, it has to be something that moves, something to arouse the interest and enthusiasm of the professional. (N3)*

*[...] the main point still is that all professionals understand the importance of the shares, since some remain with attitudes that do not include measures that envisage strategies for humanization of care. (N4)*

Based on these and ending this category, it is clear that participants pointed to important issues for the realization of humanized care, ranging from user-related issues to other related to professionals themselves. So, it is a

contemporary challenge, which involves changing attitudes, the perception of the self and the other as a human being, as well as micro and macro structural issues within institutions.

## DISCUSSION

Assistance to newborns has undergone sweeping changes that, together with new technologies, have brought a broader universe care in units designed for this clientele. These changes have also affected the purpose of the work, carried out in the perspective of health therapy to the newborn, in the family support and rationality of the work process.<sup>14</sup>

Changes have been important because this new perspective of neonatal care has room for the family, as the new direction allows the newborn to be seen as part of a family unit inserted in a given context, which was shown in the research results, which had the host of the family permeating the participants' understanding of humanization.

The Neonatal Intensive Care Units, despite the technological apparatus, provide specialized care that can favor the appearance of iatrogenic events in the development of newborns. In these units, environmental conditions are a contributing factor in neonatal morbidity. Abnormal sensory stimulation can be a serious source of stress in a sensitive period of the newborn and may interfere with brain development.

Based on these, it is salutary that the concern with the control and adjustment of the environment, in order to meet the needs of the newborn, is present in the speeches of the research participants, since environmental factors have significant implications for the treatment of newborns. Providing care to newborn rescues sensitivity and caregiver's intuition to perceive the other in all their entirety, which can not be delegated to devices.

In this sense, also, it includes the exercise of empathy referred to by the participants. This attitude confirms the Transpersonal Theory, of Jean Watson, as it does not require a one-sided attitude of those involved, but a mutual quest for discovery and learning with each other, an expanded view of oneself and the other person, transpersonal unit of mind, body and spirit; a care that is an intentional awareness to promote healing and restoration.<sup>6</sup>

Watson in his theory of transpersonal human caring states that the nurse must enter and stay in the other by connecting with the inner world of the spirit and meanings of the

other; they unite in a mutual search for meaning and wholeness of being and making the measure potentially comfortable in a sense of well-being and harmony.

Humanization was reported by participants as a process, in this sense, it is crucial the understanding that this process involves constant change and this, according to the Theory of Transpersonal Human Caring, requires transforming oneself, the environment, the work, including the profession itself. The person is challenged to relocate in these emerging ideas, being invited to a new relationship with oneself and with the environment.

Humanizing is not a technique or device, it is an experiential process that permeates all activity of people serving the patient, seeking to accomplish and provide the treatment they deserve as a human person, in the peculiar circumstances they are at all times in hospital.<sup>15</sup>

Concluding the discussion of the first category that addresses the understanding of humanization, it is worth mentioning the thought of Jean Watson, that when we include affection and love in our work and in our lives, we find that nursing is more than the nursing we have learned, it is more than only a job, but a life in which we give and a life in which we receive, a lifetime of growth and learning.

In the second category, it was expected that innovative strategies for humanization of neonatal care would arise, which, despite not being employed in the studies units, were known by nurses and they manifested the intention to use them when possible. However, the limitations mentioned as a condition of use and implementation of some strategies are remarkable.

In this sense, the National Humanization Policy has an axis of action in work management and presents some strategies that propose the participation of workers in discussions and also advocates participatory management.<sup>16</sup> These strategies, when effectively employed, help in confronting the challenge posed in many situations.

The guidelines designed to promote the ways to reach the policy proposal contrast in some cases with little participation of professionals in decisions. Therefore, it is understood that some of the impasses within the work process may point to a need for changes in the routine organization, in which workers participate effectively in some instances of institutional management to

standardize the actions or legitimize the routines built over the years.<sup>16</sup>

Such action implies in identifying the problems of each situation together with the subjects involved in the process, not attributing only to the manager the task of thinking and replanning. These are measures that minimize conflicts, as they aim at reducing the gap between the management planning and professional activity. In addition to this dialogue between management and staff, it is essential, for a humanized care, that some specific issues of the intensive care units environment are considered. A wear factor is in the professional practice time, especially of nursing area, in these units. It is considered that, in addition to the emotional stress, there is also an important physical wear. In this sense, a concerning data shown in scientific studies is that due to work overload and overcrowding in the unit, many professionals, in some cases, cannot even move away from the workplace to break or lunch.<sup>17</sup>

Job satisfaction is something to be pursued daily and must be included in the aspirations of each professional, as well as their managers. Therefore, in addition to the technical preparation, it is necessary that the professional receive other types of support, which will reverberate in their good performance.

For an effective intervention, it is very important that professionals are prepared, both scientifically and emotionally. This preparation demands, in addition to professional training, support, particularly emotional support, because men and women are constantly subjected to pressures and suffering at work, as an adjustment between subjectivity and work is always necessary.<sup>18</sup>

The details regarding the organization of work, such as division of labor, adverse conditions and labor relations, lack of human or material resources, lack of physical space and professional's impotence can be sources of occupational stress and cause suffering. Wear and suffering can be generated not only by the activity that the employee performs but also in the activity that they have as prevented, that is, that activity not performed. It is what they cannot do, what they wish or think or dream doing.<sup>16</sup>

The limitation of physical space is an obstacle to the professional, especially when it comes to humanization, considering that they may stay for a period of up to 24 hours in the workplace.

Physical space is a reason for many problems. The construction of new specialties and new practices demands concrete spaces within the institution, and in the NICU it is no different. Studies have shown that there are cases where the physical space used by professionals is precarious.<sup>16</sup> Finally, it is important to pay attention to the fact that health humanization proposals also involve rethinking the training process, seeking to develop creativity and sensitivity, and not focusing only on technical and individualized training.

Humanization cannot be conceived without rethinking, parallelly, education as a priority in an agenda for change, because although there are already initiatives in this regard, in general, education in the health field is still reduced to computerization and to instrumentalization at the expense of ethical and human aspects that these actions imply.<sup>16</sup> In this sense, there is need for a careful look of managers regarding the quality of neonatal health care production and of working conditions currently available to achieve the goals established by the Ministry of Health regarding the production humanized care.

#### FINAL REMARKS

Many advances have occurred in neonatal care, and today there is the Neonatal Intensive Care Unit with the latest technology. Advances have occurred not only regarding technological devices; there has also been improvement of scientific knowledge about the health and development of the newborn as well as their needs.

These advances are aimed at the humanization of neonatal care, however, despite much discussion, they are still on a theoretical level. Assistance to newborns in the NICU remains closely related to the care of the biological aspects, although, undoubtedly, there has been important initiatives approaching the other dimensions.

One must question whether only the care of the biological aspect of the newborn is enough to provide their development of their entirety, so that, in adulthood, they do not become individuals that carry marks of their stay in a NICU while newborn.

Humanization of care assumes that, to improve the quality of care, it is not enough to invest in equipment and hard technology. Treatment is most effective when the person is welcomed, heard and respected by nurses. On the other hand, it is also necessary humanization of working conditions of these professionals. Employees who feel respected

by the institution provide more efficient service.

Given this context, we realize that much can be done to humanize neonatal care; we have much to walk to implement a humanized care, which meets the newborn in their entirety, in their social, psychological and spiritual dimensions, in which not only the technical and biological aspects are valued.

It is recognized that nursing still have gaps to overcome in the search for effective promotion of a humanized care, which makes necessary further expanding knowledge and incorporating attitudes based on scientific evidence that humanize the neonatal care. Finally, it is important that nurses have the desire to provide care to cover the newborn in their entirety and that interventions and strategies that lead to this care can be learned by all those interested in attending the bio-psycho-socio-spiritual dimension.

#### REFERENCES

1. Ceribelli C, Nascimento LC, Pacífico SMR, Lima RAG. A mediação de leitura como recurso de comunicação com crianças hospitalizadas. *Rev Latino-am Enfermagem* [Internet]. 2009 Jan/Feb [cited 2011 Dec 08];17(1):81-7. Available from: <http://www.revistas.usp.br/rlae/article/view/2544>
2. Castanha ML, Lacerda MR, Zagonel IPS. Hospital: lugar para o enfermeiro cuidar do imaginário? *Acta Paul Enferm* [Internet]. 2005 Apr [cited 2011 Dec 08];18(1):94-9. Available from: <http://www.scielo.br/pdf/ape/v18n1/a13v18n1.pdf6>
3. Ferreira CCM, Remedi PP, Lima RAGL. A música como recurso no cuidado à criança hospitalizada: uma intervenção possível? *Rev Bras Enferm* [Internet]. 2006 Sept/Oct [cited 2011 Dec 08];59(5):689-93. Available from: <http://www.scielo.br/pdf/reben/v59n5/v59n5a18.pdf>
4. Santos AR. *Metodologia científica: a construção do conhecimento*. 4 ed. Rio de Janeiro: DPEA; 2001.
5. Brasil. Ministério da Saúde. *Programa Nacional de Humanização da Assistência Hospitalar*. Brasília: Ministério da Saúde; 2000.
6. Watson J. *Enfermagem pós-moderna e futura: um novo paradigma da enfermagem*. Porto: Lusociência; 2003.
7. Mendes LR, Broca PV, Ferreira MA. A leitura mediada como estratégia de cuidado lúdico: contribuição ao campo da enfermagem fundamental. *Esc Anna Nery Rev Enferm* [Internet]. 2009 July/Sept [cited 2011 Dec

08];13(3):530-36. Available from: <http://www.scielo.br/pdf/ean/v13n3/v13n3a11.pdf>

8. Kumamoto LHMCC, Gadelha ECM, Monteiro FR, Silva LRMS, Leite MC, Santos RGC. Apoio à criança hospitalizada: uma proposta de intervenção lúdica. Rev Eletr Extensão Cidadã. [Internet]. 2006 Sept [cited 2008 Apr 18];1(1):1-13. Available from: <http://www.okara.ufpb.br/ojs2/index.php/extensaocidadada/article/view/1340>

9. Gil AC. Métodos e técnicas de pesquisa social. São Paulo: Editora Atlas; 2007.

10. Silva JM, Silveira ES. Apresentação de Trabalhos Acadêmicos: Normas e Técnicas. 4th ed. Juiz de Fora: Tempo; 2006.

11. Minayo MCS. Pesquisa social: teoria, método e criatividade. 14th ed. Petrópolis: Vozes; 2001.

12. Rodrigues MSP, Leopardi MT. O Método de Análise de Conteúdo. Uma versão para enfermeiros. Fortaleza: Fundação Cearense de Pesquisa e Cultura; 2008.

13. Brasil. Ministério da Educação e Cultura. Educação. Hospitais Universitários. Available from [http://portal.mec.gov.br/index.php?Itemid=512&id=12267=com\\_content&view=article](http://portal.mec.gov.br/index.php?Itemid=512&id=12267=com_content&view=article).

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14. Silva R da S, Christoffel MM, Souza KV de. História, conquistas e perspectivas no cuidado à mulher e à criança. Texto contexto enferm [Internet]. 2009 Oct/Dec [cited 2011 Dec 08];14(4):585-93. Available from: <http://www.scielo.br/pdf/tce/v14n4/a16v14n4.pdf>

15. Nascimento L, Salimena AM, Dias, IMAV, Silva, LR, Salvador, M. Entendimento dos Enfermeiros sobre a Comunicação dos Recém-Nascido. Rev Baiana de Enf [Internet]. 2014 Setp/Dec [cited 2011 Dec 08];26:(3):604-11. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/6363>

16. Souza KMO de, Ferreira SD. Assistência humanizada em UTI neonatal: os sentidos e as limitações identificadas pelos profissionais de saúde. Ciênc saúde coletiva [Internet]. 2010 Mar [cited 2011 Dec 08];15(2):471-80. Available from: <http://www.scielo.br/pdf/csc/v15n2/v15n2a24.pdf>

17. Cecílio LCO. É possível trabalhar o conflito como matéria-prima de gestão em saúde? Cad Saúde Pública [Internet]. 2005 Mar/Apr [cited 2011 Dec 08];21(2):508-16. Available from: <http://www.scielosp.org/pdf/csp/v21n2/17.pdf>

18. Dias, IMAV, Santos, RS. Os profissionais de enfermagem diante do nascimento da criança com malformação congênita. Esc Anna Nery Rev Enferm [Internet]. 2007 Mar [cited 2011 Dec 08];11(1):73-9. Available from: <http://www.scielo.br/pdf/ean/v11n1/v11n1a10.pdf>

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#### Corresponding Address

Iêda Maria Ávila Vargas Dias  
Rua Marechal Mallet, 01/42  
Bairro Canto do Forte  
CEP 11700-400 – Praia Grande (SP), Brazil