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# HUMANIZED CARE IN HOSPITAL SETTINGS: CONTRIBUTIONS FROM PSYCHOLOGY

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**ABSTRACT:** Hospitalization generally causes depersonalization and suffering, as the patient is reduced to their illness or the bed they occupy. Hospital Psychology emerges as a , fundamental field for promoting humanization, restoring subjectivity and dignity. The National Humanization Policy (PNH), created in 2003, established standards such as welcoming care, active listening, expanded clinical care, and strengthening of bonds. However, its implementation still faces obstacles, such as work overload, the supremacy of the biomedical model, and the vulnerability of institutional structures. In this sense, exploring how the literature understands and addresses the topic allows us to identify and understand challenges, strategies, and practices that promote more comprehensive and ethical care. The objective is to analyze scientific literature on humanized care in hospital settings, identifying challenges, methods, and contributions to improving the experience of patients and their families. This project is a systematic review of the literature. The search will be conducted in the SciELO, PeP-SIC, and CAPES Journals databases, using the keywords “Hospital Psychology,” “Psychology,” “Humanization,” and “Care.” The following inclusion criteria were established: publications between 2016 and 2024, in Portuguese, English, or Spanish, that discuss humanization practices in the hospital setting. Articles lacking a consistent theoretical or empirical basis and those that do not address hospital practice will be excluded. The data will be organized by themes, covering the challenges, the role of psychological listening, and the impacts of humanization. It is expected that the analyzed literature will identify significant difficulties in hospital practices, such as rigid protocols, work overload, lack of institutional support, and

resistance related to the traditional biomedical model. However, psychological listening is an essential resource for welcoming patients and building bonds, particularly in contexts of vulnerability, to promote care and comprehensiveness. The studies may also highlight how interdisciplinary practice, the promotion of patient autonomy, and the adaptation of practices to cultural and social particularities have expanded the effectiveness of humanized care. Thus, the results reinforce that humanization in hospital settings remains an ongoing challenge, requiring more defined policies, the strengthening of multidisciplinary teams, and the continuous improvement of healthcare professionals. Psychological listening stands out as a means of welcoming and holistic care, fostering more ethical and patient-centered practices. In this way, humanization establishes itself as a fundamental means for improving the quality of care and for realizing the right to health.

**KEYWORDS:** “Hospital Psychology,” “Psychology,” “Humanization,” and “Care”

LIST OF ABBREVIATIONS, ACRONYMS, AND SYMBOLS

COVID-19	Coronavirus Disease 2019
PeP-SIC	Electronic Journals in Psychology
CAPES Journals	Journals of the Coordination for the Improvement of Higher Education Personnel
PNH	National Humanization Policy
PNHAH	National Plan for Humanization and Hospital Care
SciELO	Scientific Electronic Library Online

## 1. INTRODUCTION

Hospitalization is a process that often leads to depersonalization and suffering for patients, as the individual ceases to be recognized by their unique identity and comes to be identified by their illness or the bed they occupy. In this context, Hospital Psychology emerges as an essential field in promoting humanized practices, contributing to restoring the patient's subjectivity and dignity, as well as providing support to family members, who also experience the impact of the illness process. (LUKACHAKI; OLIVEIRA; GOMES, 2020).

Thus, the multifaceted routine of healthcare professionals requires them to engage directly with issues related to life, health, or illness, as well as conflicts and frustrations, thereby enabling the development of rigid defense mechanisms. Consequently, it is necessary to provide special attention and care to these professionals—in other words, to care for those who care. (Mota, Martins, and Vêras, 2006)

In view of this demand from the public system, it was understood that a process of humanization would be important in this context. According to Mota, Martins, and Vêras (2006), a humanizing network would be one that builds permanent bonds of citizenship, in order to take into account all the patient's specificities, such as their history and perspectives.

However, the implementation of these practices has proven more difficult than anticipated. Furthermore, as early as 2006, there was a perceived need for intervention and reform in the training of healthcare professionals so that they could foster this culture of care. Another important issue was the lack of measures prioritizing the

well-being of practicing professionals. After nearly 20 years, this study aims to understand the current state of humanization policies, particularly within the public system.

The National Humanization Policy (PNH), established in 2003, directs health services to promote a welcoming environment, skilled listening, expanded clinical care, and the strengthening of bonds between patients, family members, and the multidisciplinary team. The experience report developed at the University Hospital of Maringá highlights how the hospital psychologist actively contributes to the implementation of these guidelines, whether through attentive listening, building relationships, adapting environments, or conducting recreational activities, especially in the care of hospitalized children (LUKACHAKI; OLIVEIRA; GOMES, 2020).

That said, the following question arises: how does humanized care impact the experiences of patients and their families within the hospital setting? To answer this, it is necessary to understand not only clinical practice but also the perceptions of healthcare professionals regarding humanization. A study conducted with psychologists at a teaching hospital showed that, although they possess extensive knowledge about the concept of humanization, they encounter barriers to its implementation, such as work overload, ineffective protocols, and the predominance of the biomedical model. Even so, the professionals point to facilitators such as effective communication, interdisciplinary work, and the valuing of patient autonomy, which allow for the construction of a more ethical, comprehensive, and humanized practice (MENDES; VALERI, 2022).

Thus, it is evident that humanization in Hospital Psychology must be analyzed from a multidimensional perspective, considering both the concrete practices that promote care and dignity, as well as the perceptions and challenges faced by professionals seeking to implement this approach in the daily routine of healthcare services.

## 2. OBJECTIVES

### 2.1. General Objective

To analyze and evaluate how humanized care is discussed in scientific literature, identifying practices that improve the experience of patients and their families.

### 2.2. Specific Objectives

- Outline the main challenges faced by professionals and institutions to ensure that such care is actually provided.
- Identify strategies and interventions to ensure humanized care for patients and their families.
- Analyze descriptions of experiences reported by psychologists working in hospitals that highlight humanizing practices focused on the hospitalized individual and their support network.

## 3. METHOD

### 3.1. Type of Research

This research project will be conducted through a literature review, a type of research that, in line with the theoretical framework, is based on the critical analysis and synthesis of previously published content

(Gil, 2025). Commonly, this methodology covers a wide variety of printed documents, such as books, scientific journals, articles, theses, and dissertations. However, with advances in information and communication technologies, it has also come to include digital and online materials (Lakatos & Marconi, 2003).

The choice of a systematic review for this study was driven by the opportunity to provide a broad and up-to-date perspective on the concept of humanization in the hospital setting, particularly regarding how it impacts the patient's experience and serves as a means to ensure their care. Therefore, given the vast amount of research and its complexity, a bibliographic methodology proves to be the most appropriate approach for identifying patterns, trends, gaps, and contradictions in the relevant scientific literature (Cooper, 2017).

### 3.2. Data Collection Procedure

Bibliographic data collection will be conducted in recognized scientific databases, including SciELO, PePSIC, and CAPES Journals. As recommended by Gil (2017, pp. 50–51), the selection of sources will be based on criteria of relevance, recency, and pertinence to the topic. Predefined keywords will be used: 'hospital psychology,' 'psychology,' 'humanization,' and 'care.' Inclusion and exclusion criteria will be strictly applied, following the methodological guidelines of Gil (2017, pp. 50–51) and Appolinário (2012, pp. 79–80), in order to ensure the quality and accuracy of the selected studies.

### 3.2.1. Inclusion Criteria

Studies meeting the following criteria will be included:

- National and international publications written in Portuguese, English, or Spanish;
- Studies published between 2016 and 2024;
- Empirical and theoretical scientific works addressing humanized care within the hospital setting;
- Research conducted in a hospital setting that analyzes the impact of humanization and the assurance of care for hospitalized patients;
- Studies presenting information on different age groups and diseases.

### 3.2.2. Exclusion Criteria

The exclusion criteria are:

- Opinions, essays, and/or reports lacking consistent theoretical or empirical grounding;
- Studies that do not analyze the hospital environment;
- Studies that, although they mention humanized care in a hospital setting, focus primarily on other specialties (e.g., medicine only);
- Research that focuses solely on strategies for implementing humanized care, without addressing the measures applied following an error and its subsequent consequences.

### 3.3. Analysis Procedure

The data obtained from the literature review will be analyzed and organized in three stages: (1) categorization of the studies; (2) critical evaluation of the extracted data; (3) synthesis and presentation of the results. (Nakamoto; Quaresma, 2024).

In the first stage, the information from the articles will be organized into a table containing: title, authors, year of publication, objectives, results, and conclusions. This phase will allow for the construction of a panoramic view of the scientific literature on the topic.

In the second stage, an evaluation of the identified content will be conducted to assess the clarity of the objectives, the scientific relevance, and the contribution of each study to the project. Aspects such as the compatibility between objectives and results, theoretical foundation, and evidence supporting the provision of humanized care will be examined.

Finally, in the third stage, the results will be presented and systematized through a synthesis. This will be subdivided into three categories:

- Challenges of humanized care in the hospital setting: Information will be included regarding the ethical, professional, structural, institutional, and relational barriers that make it impossible to implement humanized care, such as: work overload, rigid protocols, and communication breakdowns between professionals and patients.
- The role of psychological listening in care: In this subcategory, data will be presented demonstrating listening as a resource for welcoming, bonding, and

constructing meaning in treatment, highlighting the value of holistic care.

- Contributions of humanized care: Interventions, best practices, and proposals found in studies aimed at promoting and strengthening hospital humanization will be examined and discussed.

In this way, we aim to examine the available knowledge to understand how the literature has discussed the challenges and impacts of humanized care within the hospital context, and how psychological listening is and can become a fundamental tool for ensuring comprehensive and humane care.

## 4. LITERATURE REVIEW

The main initiative in humanization was the establishment of the National Plan for Humanization and Hospital Care (PNHAH) in 2001. However, the plan received much criticism, so in 2003, the PNH or HumanizaSUS was instituted, remaining to this day the primary measure. (Brazil, 2010)

According to Lukachaki, Oliveira, and Gomes (2020), the PNH guidelines are abstract, which makes it difficult to take concrete actions. On the other hand, an opportunity arose for Hospital Psychology, given that one of the pillars of the PNH is welcoming and listening. Therefore, when it comes to the humanization process, it is very difficult to separate it from the role of the psychologist in this setting.

In this context, the role of the hospital psychologist involves working within the patient-family-health-team triad, aligning and adapting interventions based on the biopsychosocial aspects of patients, family members, and caregivers, in addition to the ongoing training of the professionals involved. (Dias, Taquini, and Moret, 2024)

Mendes and Valeri (2022) assessed perceptions of humanization in the professional practice of psychologists at a teaching hospital. In this study, they found that psychology professionals have a good understanding of the concept; however, they face barriers in professional practice due to patient resistance.

In the study on the humanization of care, they observed a lack of application in the assessment protocol due to the absence of social technology. The study was based on an opinion survey of interns in the field of hospital psychology to enhance the effectiveness of care by optimizing consultation time, intervention development, and planning. The medical history script applied would be the model by Anagerami-Camon and Chiattonne (2013) and the examination of mental functions by Dal Galarrondo (2000); based on this, they decided to apply the HOSPI test to assess functionality in practice. Through this, the authors concluded that they had developed a tool that would help address this gap, with an acceptability rate of 92% and an applicability rate of 68%, concluding that the protocol would bring benefits through social technology in hospitals.

Another important factor was the COVID-19 pandemic, which, according to Lukachaki, Oliveira, and Gomes (2020), rendered many measures unfeasible due to restrictions on contact and the flow of people in the hospital.

## 5. CONCLUSION

Based on the above, it can be concluded that clearer guidelines or more tangible implementation plans would be necessary for greater humanization of the public system. Another important point would be the

conduct of qualitative studies that could demonstrate the actual effectiveness of the measures adopted.

It is also worth noting the difficulties in implementing measures due to external factors, such as the pandemic, and internal factors, such as facilitating psychological counseling.

However, despite the challenges, it is understood that there are many opportunities in the field of hospital psychology for best practices, given that humanization is still in a very early stage.

## REFERENCES

- APPOLINÁRIO, Fábio. **Metodologia da ciência: filosofia e prática da pesquisa**. 2. ed. São Paulo: Cengage Learning, 2012
- BRASIL, 2010. **Política Nacional de Humanização - HumanizaSUS**. Disponível em: [https://www.gov.br/saude/pt-br/acao-a-informacao/acoes-e-programas/humanizaus/rede-humanizaus/humanizaus\\_documento-gestores-trabalhadores\\_sus.pdf](https://www.gov.br/saude/pt-br/acao-a-informacao/acoes-e-programas/humanizaus/rede-humanizaus/humanizaus_documento-gestores-trabalhadores_sus.pdf) Acessado em 18 de setembro de 2025.
- CARVALHO, D. B. DE.; SANTANA, J. M.; SANTANA, V. M. DE. Humanização e controle social: o psicólogo como ouvidor hospitalar. **Psicologia: Ciência e Profissão**, v. 29, n. 1, p. 172–183, 2009. Disponível em: <https://doi.org/10.1590/S1414-98932009000100014> Acessado em 18 de setembro de 2025.
- COOPER, Harris. **Integrating Research: A guide for literature reviews**. 2 ed. Nova Iorque: SAGE Publications, 2017. p. 160.
- DIAS, R. P.; TAQUINI, D. DA S.; MORET, M. C. F. F. **PSICOLOGIA HOSPITALAR: A HUMANIZAÇÃO COMO FATOR DE TRANSFORMAÇÃO: HOSPITAL PSYCHOLOGY: HUMANIZATION AS A FACTOR OF TRANSFORMATION**. **REVISTA FIMCA**, v. 11, n. 1, p. 31-36, 16 set. 2024. Disponível em: <https://doi.org/10.37157/fimca.v11i1.1070> Acessado em 18 de setembro de 2025.
- GIL, Antônio Carlos. **Como delinear uma pesquisa bibliográfica**. In: GIL, Antônio Carlos. **Como elaborar projetos de pesquisa**. 7 ed. Barueri: Atlas, 2025. p. 58-73.
- GIL, Antônio Carlos. **Como elaborar projetos de pesquisa**. 6. ed. São Paulo: Atlas, 2017.
- LAKATOS, E. M.; MARCONI, M. A. **Fundamentos de metodologia científica**. 5 ed. São: Atlas, 2003. p. 311.
- LUKACHAKI, Karolina Reis dos Santos; OLIVEIRA, Barbara Carolina Lima de; GOMES, Marília Daefiol Herrero. A psicologia hospitalar e a humanização no hospital: um relato de experiência. *Contradição – Revista Interdisciplinar de Ciências Humanas e Sociais*, Maringá, v. 1, n. 2, e013, p. 1-17, jul./dez. 2020. DOI: <https://doi.org/10.33872/revcontrad.v1n1.e013>. Acessado em 18 de setembro de 2025.
- MENDES, Matheus Carvalho; VALERI, Beatriz Oliveira. Percepções da humanização na atuação profissional de psicólogas em um hospital escola. **Research, Society and Development**, [S. l.], v. 11, n. 5, p. e45811528376, 2022. Disponível em: <https://rsdjournal.org/rsd/article/view/28376>. Acessado em 18 de setembro de 2025.
- NAKAMOTO, F. P.; QUARESMA, M. V. L. S. Revisão de literatura interativa. In: TESSER, Renato Borges et al. (Orgs.). **Metodologia de pesquisa**. São Paulo: Setor de Publicações – Centro Universitário São Camilo, 2024. p. 215-216. Disponível em: [https://saocamilosp.br/\\_app/views/publicacoes/outraspublicacoes/Metodologia%20de%20pesquisa\\_final.pdf](https://saocamilosp.br/_app/views/publicacoes/outraspublicacoes/Metodologia%20de%20pesquisa_final.pdf) Acessado em 18 de setembro de 2025.