

Review Article

# Humanized care and the practices of the occupational therapist in the hospital: an integrative literature review<sup>1</sup>

*Cuidado humanizado e as práticas do terapeuta ocupacional no hospital: uma revisão integrativa da literatura*

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## Abstract

**Introduction:** Aiming to overcome the forms of work and modes of institutional functioning that have long been imposed and reproduced in the health sector, the National Humanization Policy - NHP emerged in 2003. **Objective:** To identify and analyze Occupational Therapy articles on humanized care in the hospital setting and characterize them according to their target audience, goals, and guidelines of the NHP. **Method:** It is about an integrative review in which the data collected was in December 2018 in the MEDLINE, PubMed, LILACS databases and the journals: Journal of Occupational Therapy, University of São Paulo; Brazilian Notes of Occupational Therapy and Interinstitutional Brazilian Journal of Occupational Therapy. The data were studied by thematic analysis. **Results:** The final sample consisted of 12 articles that presented a greater focus in the maternal-child area, being the stories and the use of groups, respectively, the most cited. Also, the descriptions of the studies were based in particular on the guidelines of extended clinic, welcoming, and ambience. It is believed that this data is justified by the number of existing projects supported by the Ministry of Health and by the relationships established with the process of the training of the occupational therapist. **Conclusion:** It was noticed a common design of the resources and approaches developed by occupational therapists in the hospital setting that can guide the construction of new research aimed at producing more robust evidence on the contributions of Occupational Therapy work in hospital care.

**Keywords:** Humanization of Assistance, Hospital, Occupational Therapy.

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### **Resumo**

**Introdução:** Visando a superar as formas de trabalho e os modos de funcionamentos institucionais há tempos impostos e reproduzidos no setor da saúde, emerge, em 2003, a Política Nacional de Humanização – PNH.

**Objetivo:** Identificar e analisar as produções de terapia ocupacional sobre assistência humanizada no âmbito hospitalar e caracterizá-las de acordo com seu público-alvo, objetivos e diretrizes da PNH. **Método:** Trata-se de uma revisão integrativa em que as buscas efetivadas ocorreram na segunda quinzena do mês de dezembro de 2018, nas bases de dados MEDLINE, PubMed e LILACS e nos periódicos Revista de Terapia Ocupacional da Universidade de São Paulo, Cadernos Brasileiros de Terapia Ocupacional e Revista Interinstitucional Brasileira de Terapia Ocupacional. Os dados foram estudados por meio da análise de conteúdo temática. **Resultados:** A amostra final contemplou 12 artigos que apresentaram maior enfoque na área materno-infantil, sendo a contação de histórias e o uso de grupos, respectivamente, o recurso e a abordagem mais citados. Além disso, as descrições dos estudos se pautaram em especial nas diretrizes de clínica ampliada, acolhimento e ambiência. Acredita-se que estes dados se justificam pelo quantitativo de projetos existentes apoiados pelo Ministério da Saúde e pelas relações estabelecidas com o processo de formação do terapeuta ocupacional.

**Conclusão:** Percebeu-se um delineamento comum entre recursos e abordagens aplicadas pelos terapeutas ocupacionais no âmbito hospitalar, fator que pode guiar a construção de novas pesquisas voltadas à produção de evidências mais robustas sobre as contribuições do trabalho da terapia ocupacional na assistência hospitalar.

**Palavras-chave:** Humanização da Assistência, Hospital, Terapia Ocupacional.

## **1 Introduction**

The term “humanization” has a long history of the application of this concept to health care. Based on his contributions studies of medical sociology, Deslandes (2006) helped us to understand the definitions related to humanizing care, as those who are concerned with providing the physiological and psychological needs that human beings produce.

In the current debates on this theme in the public health area, the concept of humanization is aimed at changing the ethical and moral references that guide health practices. An articulation between technical and biomedical guidance is sought with other dimensions related to the health and disease process, such as the recognition of patients' rights, subjectivity, and culture. Relational technologies, such as listening, welcoming, dialogue, and negotiation are of great importance for the production and management of humanized care (Ayres, 2006; Deslandes, 2004, 2005).

After the population's continued discontent with the quality of health care provided (Brasil, 2004a), debates about the humanization of care emerged in Brazil, searching for a new meaning of health practices. In this context, the Ministry of Health elaborated and implemented the National Program for the Humanization of Hospital Assistance - PNHAH in 2001 (Brasil, 2001), participating in the transformation of the community, professionals and managers (Brasil, 2004a).

Based on the positive experience of the PNHAH, the Ministry of Health elaborated the National Humanization Policy - PNH in 2003, which aims to transform the model of care and management of health work through transversal actions extended to the entire SUS network, searching for overcoming the forms of work and the modes of institutional functioning that have been imposed and reproduced for some time (Brasil, 2004a; Santos Filho et al., 2009; Pasche et al., 2011).

The guidelines of the PNH consist of: (a) An extended clinic, which aims at comprehensive care, considering the individual's uniqueness; (b) Participative management and co-management, which seeks to include new individuals in management; (c) Valuing work for the inclusion of workers in the decision-making process; (d) Welcoming, which consists of constructions that enable relationships of trust, bond and commitment; (e) Ambience, which aims to promote changes in workspaces and meetings among people and; (f) Defense of patient's rights that encourages the appropriation of citizens for their rights as health patients (Brasil, 2013).

The humanization of care is aimed at seeking to guarantee patients' rights, respect for their dignity and the promotion of their physical, mental and spiritual health. Thus, in the hospital environment, such factors have corroborated the reduction in hospitalization time and expenses for the hospital, besides providing interventions and structural changes that make the hospitalization experience more comfortable for the patient (Mota et al., 2006).

De Carlo et al. (2018) stated that hospital humanization enables the expansion of well-being for patients and professionals, contributing to the minimization of hospital stay and absenteeism. Also, the authors reported that monitoring and promoting well-being and quality of life are essential for the quality of therapeutic procedures.

According to Oriá et al. (2004), attention to the patient's biological, psychological, social, spiritual and emotional needs is defined as holistic care, which requires an effective communication process as a prerequisite.

Several experiences showed that most of the patients' complaints are solved or minimized based on the professional offer of qualified listening, welcoming, demonstrating respect and understanding their demands (Brasil, 2001).

Thus, the actions of welcoming, support, guidance and preparation for post-discharge are part of the practices of the occupational therapist in the hospital, aiming at improvements in the quality of life and the recovery process, for having better aspects such as functional capacity, self-esteem, mood and motivation of the patient for treatment (De Carlo et al., 2018).

According to Galheigo (2008), the occupational therapist in the hospital context, based on the perspective of multi-professional work, is one of the professionals who seek to adopt a holistic view of the individual in exchange for medical hegemony and specialized intervention. Therefore, it is necessary to generate evidence on the effectiveness of the occupational therapist's performance and his contributions to the practice of humanized care.

Therefore, this study intended to identify occupational therapy productions on humanized care in the hospital and to characterize them according to their target audience, objectives and guidelines of the PNH, through an integrative literature review.

## 2 Method

This is an integrative literature review with a qualitative approach. For this development, the six steps recommended by Mendes et al. (2008) are the identification of the theme and formulation of the research question, the establishment of inclusion/exclusion criteria, the definition of information to be extracted from selected studies, the evaluation of included studies, the interpretation of results and presentation/synthesis of knowledge (Mendes et al., 2008).

The guiding question of the study was: “What is the scientific knowledge produced in occupational therapy for the humanization in the hospital?”, defined by searching on MEDLINE, PubMed, LILACS databases, and the direct consultations in journals: *Revista de Terapia Ocupacional* of the University of São Paulo, *Cadernos Brasileiros de Terapia Ocupacional* and *Revista Interinstitucional Brasileira de Terapia Ocupacional*.

The combination of terms used as descriptors were: *humanização e terapia ocupacional* (Humanization and Occupational Therapy), *humanização da assistência hospitalar e terapia ocupacional* (Humanization of assistance and Occupational Therapy), *Programa Nacional de Humanização da Assistência Hospitalar e terapia ocupacional* (National Program for the Humanization of Hospital Care and Occupational Therapy).

The inclusion criteria adopted were: the article must present the word “humanization” or similar<sup>2</sup> in the title and/or abstract and/or keyword, to explain humanization aspects in the abstract linked to the performance of occupational therapy in the hospital environment (welcoming, ambience, expanded clinic, among others), the publication must be in Portuguese or English and available in full. The exclusion criteria established were: theses, dissertations, and editorials; articles published before 2001, considering that this is the year that PNHAH emerged.

The searches were carried out in the second half of December 2018 by two different examiners, with an estimated time of 07 days between searches. To systematize the data of the articles of the sample, we used a spreadsheet prepared by the authors and based on a literary consultation, which involved information about the title, author, year of publication, journal, descriptors, type of study, target population, objective, action, outcome and humanization action.

After a detailed reading of the articles, the data were studied through thematic content analysis, which involves the identification of nuclei of meanings formulated based on the presence of meanings to the analytical objective (Minayo, 2007). The analytical reference used for the formulation of the sense cores was the guidelines of the PNH.

## 3 Results

Initially, there were 130 articles found, in which duplicates (n = 62) and articles that did not meet the formulated inclusion criteria (n = 56) were eliminated, resulting in a sample of 12 articles at the end.

The publications were held between 2006 and 2018, and most of them published in the *Revista de Terapia Ocupacional* of USP, as explained in Table 1.

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<sup>2</sup>The words considered as similar are those with the same prefix as the word humanization, such as: humanized, humanize, HumanizaSUS etc.

**Table 1.** General details of the articles of the sample.

<b>Title</b>	<b>Author/Year of Publication</b>	<b>Keyword/Descriptor</b>	<b>Journal</b>
The occupational therapy in the context of assistance for mother/family and interned newborn baby in the unit therapy intensive	Dittz et al. (2006)	Occupational therapy/trends. Joint accommodation. Family. Newborn. Neonatal intensive care units.	Revista de Terapia Ocupacional of USP
Occupational therapy, the production of health care and the place occupied by the hospital: thoughts about the constitution of a field of knowledge and practice	Galheigo (2008)	Occupational therapy. Health-disease process. Comprehensive health care. Hospital assistance. Humanization of assistance.	Revista de Terapia Ocupacional of USP
Reporting on the experience of graduate students (in service training) at the program of occupational therapy in mental health in a pediatric ward	Ribeiro et al. (2008)	Children; caregivers; professional training; hospitalization; mental health; occupational therapy.	Cadernos Brasileiros de Terapia Ocupacional
Occupational Therapy and the integral health care of children and adolescents: the construction of the Project ACCALANTO	Galheigo & Angeli (2008)	Comprehensive health care. Occupational therapy. Hospital occupational therapy service. Child care. Health-disease process. Daily activities	Revista de Terapia Ocupacional of USP
Bath humanized in premature newborns with low weight in a kangaroo infirmary	Medeiros & Mascarenhas (2010)	Premature. Low birth weight newborn. Humanization of assistance. Cross-sectional studies	Revista de Terapia Ocupacional of USP
Unfolding the occupational therapist's role on children oncology in hospital settings	Lima & Almohalha (2011)	Occupational therapy; Hospitalization; Neoplasms; Child; Comprehensive health care.	Revista de Terapia Ocupacional of USP
The stories box behind the vision health professionals as a strategy to coping of infant hospitalization	Garcia et al. (2012)	Humanization of assistance; Patient care team; Oncology; human Resources; Child; Health staff; Human Resources; Child health services	Revista de Terapia Ocupacional of USP
MadAlegria – Hospital clowns:multidisciplinary approach for health humanization	Utsunomiya et al. (2012)	Humanization of assistance; Hospital assistance/psychology; Narration;	Revista de Terapia Ocupacional of USP

**Table 1.** Continued...

Title	Author/Year of Publication	Keyword/Descriptor	Journal
		Health/psychology staff; patient/psychology; Volunteer Hospitalization workers; Art therapy.	
Day-to-day life, play and relational networks: the handcrafting of care in occupational therapy in hospitals.	Angeli et al. (2012)	Comprehensiveness, Humanization, Care, Occupational Therapy, Playful activity.	Interface – comunicação, saúde e educação
Assessment of the neurobehavioral signs of preterm infants admitted to Neonatal Intensive Care Unit	Otoni & Grave (2014)	Occupational therapy; Premature; Neonatal ICU; Humanization of assistance.	Revista de Terapia Ocupacional of USP
Caregivers' perception about the experience of caring for family members and the relationship with the professional team in the context of hospitalization	Jorge & Toldrá (2018)	Caregivers; Relatives; Hospital assistance; Humanization; Occupational therapy; Patient care team	Revista de Terapia Ocupacional of USP
Occupational Therapy and health promotion in the hospital context: care and hospitality	Santos et al. (2018)	Human Activities; Hospitalization; Humanization of Hospital Assistance; Health promotion; Occupational therapy.	RevisbraTO

The focus of the productions was concentrated in the maternal and child area, storytelling as the main resource and the use of groups as the main practical approach (Table 2).

**Table 2.** Characteristics of article design.

Article	Concentration area	Target Audience	Objective	Action	Outcome
The occupational therapy in the context of assistance for mother/family and interned newborn baby in the unit	Neonatal care	Mother and family of newborns admitted to the ICU	To favor the development of the mother-baby bond in a situation of prematurity. To guide the family members about the care	Multi-professional groups focused on guidance and reflections. Manual activity groups. Encouraging parents to carry out baby care at the hospital.	Greater interaction between mother and baby. Family safety in taking care of the baby during hospitalization and after

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
therapy intensive			of the premature baby.		hospital discharge. Contributions to comprehensive and preventive care.
Occupational therapy, the production of health care and the place occupied by the hospital: thoughts about the constitution of a field of knowledge and practice	Hospital Care	Not specified	To question the existence of a specific occupational therapy area in hospital practices and its relationship with the production of knowledge and practices related to health care.	Reflections on the professional core of O.T. in the health care production area, in hospitals. Reflection on the challenges of O.T. to build an approach to the health-disease process seeking the integrality and humanization of care.	Notes on strategies necessary for the consolidation of O.T. in the health care production area in hospitals.
Reporting on the experience of graduate students (in service training) at the program of occupational therapy in mental health in a pediatric ward	Child and youth care	Hospitalized child/adolescents and their caregivers	To create a space of attention to subjectivity, uniqueness and the difficulties arising with the departure from the daily lives of children and caregivers.	Group of activities with parents. Group of activities with children.	Welcoming the psychological suffering of children and their caregivers, providing an exchange of experiences, facilitating interpersonal relationships within and outside the group. Valuing human life in the ward.
Occupational Therapy and the integral health care of children and adolescents: the construction of the Project ACCALANTO	Child and youth care	Children and adolescents, parents and caregivers	To present the ACCALANTO Project, which develops teaching, research and extension activities in	Listening and welcoming the needs of children from 0 to 2 years old and their parents. Specialized interventions with a high degree of	Not informed.

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
			the occupational therapy area and child and adolescent health, from the perspective of the integrality and humanization of care and the integral protection of children and youth	planning and control; rescuing the daily life and general activities of children/adolescents and their parents/caregivers. Games, plastic activities, storytelling offered in the playroom and the living areas of the ward. Groups of activities or individual monitoring with adolescents in general and young mothers offering a space for reinventing themselves and life projects through scenic activities (theater, dance, performance, body expression).	
Bath humanized in premature newborns with low weight in a kangaroo infirmary	Neonatal care	Low birth weight premature newborns (NB)	To investigate the adequacy of the humanized bath in premature and low weight newborns admitted to a kangaroo ward, identifying their contributions to the adaptive response to	Humanized bath by immersion.	Favoring the baby's best adaptive response to the environment. Promotion of organization of behavioral, motor, physiological and interaction systems, contributing beneficially to the healthy



**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
			the environment.		development of newborns. Appointment of the humanized bath as the most suitable for premature newborns.
Unfolding the occupational therapist's role on children oncology in hospital settings	Pediatric care	Occupational therapists registered with the Virtual Group of Occupational Therapists in the Hospital Contexts	To investigate the role of the occupational therapist who works in hospital contexts in pediatric oncology.	Application of a semi-structured questionnaire aimed at professional characterization and occupational therapeutic intervention.	The occupational therapist's role spanned different areas related to rehabilitation, promoting child development, humanizing care, coordinating specific sectors within the hospital, and including the approaches used to support their clinical practices.
The stories box behind the vision health professionals as a strategy to coping of infant hospitalization	Pediatric care	Health professionals working in the oncopediatric ward of a university hospital in the interior of São Paulo.	To identify the vision of health professionals in an oncopediatric ward for the "Story box extension program" in the care of hospitalized children.	The fulfillment of a script composed of open questions by health professionals who witnessed the storytelling at least once, aimed at identifying professional perceptions regarding the impacts of the Program.	Storytelling facilitates medical and nursing procedures and helps the health team in carrying out its activities. There is no understanding of storytelling as a therapeutic resource, which is associated with a

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
					distraction technique. The action improves the quality of hospitalization, combating the effects of hospitalization.
MadAlegria – Hospital clowns: multidisciplinary approach for health humanization	Adult/Elderly Care	Adult, elderly, high-risk pregnant women, patients with neurological disorders, infectious diseases, dermatological disease or cancer.	The project aimed to soften the hospital environment for patients and the work team, and influence the training of students in the health area to obtain differentiated professionals who can exercise their profession in a humanized and interdisciplinary way.	Training course for clowns at the Hospital. Training Course for Storytellers. Weekly visits to the wards.	MadAlegria allows participants to have an intense experience of multi-professional work even in graduation, getting to know other professions and their interfaces better, while experiencing the multi-professional team in hospital care. There is a perception that the patient feels more valued, which reflects in his self-esteem and has an impact on the improvement of his rehabilitation process.
Day-to-day life, play and relational networks: the handcrafting of care in	Child and youth care	Child and adolescent	To institute a daily life, relational plots, and rhythms that were marked	Storytelling workshops. Use of recreational activities and light technologies.	Production of narratives that enabled to weave relationships, appropriation

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
occupational therapy in hospitals.			by children's movements and playfulness as language. To enable an appropriation of the hospital space and its brands through playful action and the production of narratives about themselves and that universe. To promote a narrative of oneself - child, adolescent- (mother) woman- someone who, during the process of life, experienced a stay in a hospital.		of the sense of "being in the hospital", identification of coping strategies, respect for singularities; reframing.
Assessment of the neurobehavioral signs of preterm infants admitted to Neonatal Intensive Care Unit	Neonatal care	Premature newborns.	To describe Neuroreport signals mental approach and withdrawal symptoms presented by premature babies during daily care in a neonatal ICU.	Direct observation of babies before, during and after the diaper change procedure.	Overload of adverse stimuli that generate an imbalance in the baby; the intervention of occupational therapy in the NICU environment is aimed at the application of interventions, adapting the stimuli of the environment

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
					while supporting the babies' self-regulation efforts, favoring an adequate development.
Caregivers' perception about the experience of caring for family members and the relationship with the professional team in the context of hospitalization	Family care	Caregivers/family members of hospitalized patients in the Medical Clinic ward of HUSP, attended by OT and other professionals.	To know and analyze the perception of caregivers about the experience of caring for family members and the relationship with the professional team in the context of hospitalization	Written interview and analysis of hospital records and specific OT records.	Caregivers/family members due to their responsibilities were susceptible to physical and emotional overload, stress and the rupture of their life routines. They expressed insecurity and difficulties in understanding and appropriating the guidelines, especially those related to the continuity of care after hospital discharge. Need for transformation the understanding of caregivers within the hospital, so that they can be recognized as partners in the production of patient care.
Occupational Therapy and health promotion in	Adult care	Two patients (27 and 28 years old) admitted to the	To describe the attention developed by occupational	Expressive activities, crafts, the use of a computer with	Expansion of relationships in the context of hospitalization,

**Table 2.** Continued...

Article	Concentration area	Target Audience	Objective	Action	Outcome
the hospital context: care and hospitality		medical clinic of a university hospital for more than 10 days.	therapy to two hospitalized young adult patients.	access to social networks, positioning techniques, mobilization, massage, and energy conservation.	facilitating the expression of difficulties and feelings; motivation, improvement of aspects, such as body awareness, decreased pain, edema, and fatigue, increased well-being, improved self-care performance.

ICU = Intensive Care Units. NICU = Neonatal Intensive Care Units.

The categorization of thematic groups was carried out based on an in-depth reading of the articles and established based on the guidelines of the PNH (Table 3).

From the studies' descriptions, the work of the occupational therapist was more frequently guided, respectively, in the guidelines of the expanded clinic, welcoming and ambience, with specific mention being made of contents linked to the guideline of participative management and valorization of the worker. The screened humanization contents emerged not only from practical actions described in the studies but also from reflections explained by the authors.

**Table 3.** Thematic categories present in the studies.

THEMATIC CATEGORIES	ARTICLES
Theme 1 – Expanded clinic	Dittz et al. (2006), Galheigo (2008), Ribeiro et al. (2008), Galheigo & Angeli (2008), Medeiros & Mascarenhas (2010), Lima & Almohalha (2011), Garcia et al. (2012), Utsunomiya et al. (2012), Angeli et al. (2012), Otoni & Grave (2014), Jorge & Toldrá (2018), Santos et al. (2018)
Theme 2 – Welcoming	Dittz et al. (2006), Galheigo (2008), Ribeiro et al. (2008), Galheigo & Angeli (2008), Angeli et al. (2012), Jorge & Toldrá (2018), Santos et al. (2018)
Theme 3 – Ambience	Dittz et al. (2006), Galheigo & Angeli (2008), Lima & Almohalha (2011), Utsunomiya et al. (2012), Angeli et al. (2012), Otoni & Grave (2014)
Theme 4 – Valorization of work	Lima & Almohalha (2011)
Theme 5 – Participatory management and co-management	Galheigo (2008)

For a better understanding of the categories, the following is a summary of the main aspects covered in the articles:

### **Theme 1 – Expanded clinic**

Content linked to the concept of an expanded clinic was cited in all articles of this sample. Such content emerged through the report of practical actions by occupational therapists, and by the authors' reflections on the importance of the expanded clinic in the hospital environment.

The manifestations in the articles appeared strongly envisioning comprehensive care, sometimes using integrated actions with other professionals. The aforementioned actions went through the group and individualized practices, and the group actions were the most prominent. Storytelling was the main resource used with children and their caregivers/relatives to favor the construction of bonds and relational networks.

In this aspect, different practices were found, such as the experience of storytelling groups, with a multi-professional character, in pediatric wards, aimed at children and their families, who offered a welcoming space, valuing the human person, forming bonds and exchanges and building support networks, with the use of playful activities.

Group and individual interventions carried out in a pediatric ward with a focus on the experience of hospitalization and not on pathology were presented as a proposal for creating bonds, welcoming the child's emotional demands, considering the subjectivity of each child and their cognitive, social and affective needs.

Considering the importance of comprehensive care and the recognition that caregivers also require specialized attention from the health team, the actions of occupational therapists were extended to family members and caregivers. The maternity orientation groups and groups with leisure, playful and recreational activities, seeking to offer support to the mother/family, reflecting on themes related to the impacts of hospitalization on occupational, social roles and the organization of family routine are configured according to professionals as a comprehensive care strategy.

The encouragement of the multi-professional work also emerged in teaching practice through the report of an extension action in the hospital environment, aimed at adult and elderly patients. It is an intervention of clowns and storytelling, seeking to promote multidisciplinary work and the humanization of relationships, based on a broad view of the patient, sensitizing students to the perception of suffering, meanings of care and the power of the multidisciplinary team.

Thus, based on the premises of the expanded clinic, there were notes about the importance of considering the needs and particularities of the individuals attended at the hospital, respecting the singularities, practicing a broader view of them, developing actions to encompass the development, relationships, the family and to promote comprehensive and multidisciplinary care in the hospital context.

### **Theme 2 – Welcoming**

The actions and reflections reported on welcoming were oriented towards the creation of listening spaces that would allow the demands of patients and family members to be welcomed, understood and forwarded for resolutions.

As strategies, the use of groups as a resource for listening and welcoming, favoring conflict resolution, the creation of coping strategies and the construction of intra and extra hospital relational sustainability networks.

Articulation actions with other services that could enable networked care and the creation of social support were also expressed as the possibility of occupational therapy acting in the process of producing care in the hospital environment, contributing to the achievement of a resolute and intersectoral welcoming.

### **Theme 3 – Ambience**

They are content linked to the ambience emerged from reports of practical actions by occupational therapists and discussions by the authors based on findings from their research.

The main aspect pointed out referred to the creation, implementation, and reflection of measures that could be carried out in the hospital environment to make it more pleasant, welcoming and to provide a better adaptation to the hospital routine. In some studies, the occupational therapist was appointed as a facilitator of this process, contributing to the creation of safer, more welcoming and pleasant environments.

Aspects of the concept of ambience permeated reflections related to the physical structure of the environment, such as care measures with lighting, noise, temperature and handling of patients; and the importance of offering, using and appropriating symbolic spaces, such as playrooms, reading, and social rooms. However, relational aspects were also referred to as influential actions on the adaptation and comfort of the individuals to the hospitalization experience.

As a way to exemplify this practice, we can mention the intervention with mothers and family members of newborns, in which, through a group of activities, mothers were able to make mobiles, baby identification plates, toys, among other objects for the newborn's room. This strategy corroborated the creation of the mother-baby bond, making the NICU environment cozier and with favorable stimuli for the baby's development.

As for the attention to adults and the elderly, we highlight actions of clowning and storytelling, in which the use of humor was used to mitigate the impacts of the hospital environment on the patients' routine.

### **Theme 4 – Valorization of work**

The premises of the guideline for the valorization of workers were identified in only one article.

It was not specifically an action aimed at professionals, but rather a reflection based on the results of a questionnaire applied with occupational therapists working in oncopediatrics. Considering stratified difficulties such as constant contact with suffering and a large number of deaths, the authors reflected on time on the importance of caring and welcoming the demands and anxieties of health professionals.

## **Theme 5 – Participatory management and co-management**

The concept referring to the guideline of participative management and co-management was also found in only one article, not being expressed by a practical example, but a reflective example. The author reflected on the importance of articulated management that considers the daily lives of health workers to build effective comprehensive care.

## **4 Discussion**

Based on the analysis of the results, we found that most of the publications by occupational therapists explaining content about humanization have a focus on the maternal and child area. This factor may be associated with the number of existing projects and programs aimed at this target audience and which are encouraged by the Ministry of Health, such as Humanized Childbirth, Comprehensive Care for Women, Milk Banking, Kangaroo Method, Baby-Friendly Hospital, Biblioteca Viva, among others, which are characterized by humanization practices in health due to their peculiarities (Mello, 2008).

Aiming at improving the living conditions of women, the Ministry of Health has implemented public policies focused on women's health since 2000, aiming to incorporate the gender perspective in the analysis of the epidemiological profile and the planning of health actions. Public health policies aimed at women are more densely targeted at the stage of pregnancy and childbirth than at any other stage of the woman's life; however, they are important policies that contribute to the consolidation of comprehensive care (Oliveira et al., 2014).

In the care for children and adolescents area, the theme of humanization is presented as a growing discussion, reflecting a certain reality and national tendency. In the hospital context, humanization actions aimed at children and adolescents include the redefinition of the physical space of hospitals, the inclusion of family members in the process of care and health production for children and adolescents, and the reduction of the impacts of hospital dynamics in the daily lives of these patients (Morsch & Aragão, 2006), notes that are compatible with the findings of this review.

Oliveira & Cavalcanti (2015) highlighted that playing is the most used tool by occupational therapists in interventions with hospitalized children. As a recreational resource most used by occupational therapists in humanized care in the hospital environment, this study, in particular, showed different ways of using storytelling.

The practice of storytelling in the hospital setting constitutes an action that helps in controlling pain, favoring a less traumatic and stressful hospitalization for both the child and his caregiver (Nicolino et al., 2015). This resource is beneficial in the hospital environment, contributing to the reduction of tensions and anxiety, favoring interaction and motivation, stimulating attention and imagination and helping in the emotional regulation of children and adolescents (Garcia-Schinzari et al., 2014).

Although recreational activities are culturally linked to the children's context, storytelling in this study is not a therapeutic resource used only with children. In the study by Utsunomiya et al. (2012), they expressed about the formation of storytellers who approach hospitalized adults, aiming to stimulate communicational, relational and



empathic skills, and to promote the opportunity for these patients to feel protagonists of their treatment and the hospital setting.

As well as the visualization of storytelling as a resource most cited by occupational therapists, the use of groups was the most mentioned approach for interventions. The use of the group more frequently in the reports may be associated with factors such as the need to optimize time for the periods of hospitalization, as well as the potential of this space, considering exchanges promoted, collective constructions, sharing emotions and possibilities for creating coping strategies.

The groups found in this review were intended to assist patients and their families. The objectives of the groups went through the orientation, welcoming and reframing of spaces and experiences. The most prominent group methodologies were those based on the use of activities, a factor associated with the role of the occupational therapist based on the triadic relationship.

The use of groups by occupational therapists in the hospital context appeared densely in assisting children and their families and caregivers. In general, the use of the group is justified by professionals due to the configuration of the creation of a space that allows expressions and welcoming, development of collective activities, rescuing the protagonism of these people, characteristics that can also be configured in the care of adult and elderly patients.

The emphasis on the presence of the expanded clinic in all studies in this review can be hypothetically justified by the process of training occupational therapists, considering that this is based on the development of skills aimed at understanding the process of building human activity, of health-society relationships, of the recognition of health as a right, among others, to guarantee the integrality of assistance, and, therefore, the professional profile must be generalist, humanist, critical and reflective (Brasil, 2002). Ensuring comprehensiveness, conducting therapeutic processes in an interdisciplinary manner, considering the integration of biological, social, psychological, cultural and values aspects in the health-disease process, and objectifying the individual's emancipation and autonomy are some of the competencies and skills recommended in the national curricular guidelines for the undergraduate course in occupational therapy (Brasil, 2002) that corroborate a practice based on the principles of expanded clinic.

Actions with the concepts linked to the ambience and welcoming guidelines were also observed in this study.

According to the premises of the PNH, the ambience encompasses not only the physical space but also the environment of the social, professional and interpersonal relationship that is configured in it (Brasil, 2004b). Thus, although it is known that the occupational therapist has knowledge regarding ergonomics for the functional analysis of the hospital space, this review showed much more practice focused on the use of resources to modify the patient/family relationship with the hospital environment.

In the welcoming in this review, we found that occupational therapists reported actions that enabled the creation of spaces for listening, creating bonds, expressing difficulties, understanding the subjectivity and uniqueness of each individual, minimizing the demands, a factor that meets the definition expressed in the PNH of welcoming as an ethical posture, which involves accountability, active listening, and resoluteness (Brasil, 2004c).

The failure to consistently identify in this review of the other PNH guidelines - participatory management, valuing the worker and defending the rights of patients - may be associated with the fact that actions in this area are constructions that denote a more collectivized structuring, also observing great difficulty in the development of these practices, a factor associated with socio-cultural aspects and the historical transformations of the hospital care production process.

Faced with this scenario, Barbosa et al. (2013) highlighted the importance of incorporating the humanities in the health area and the use of theoretical contributions related to the documents of the Ministries of Health on PNH in undergraduate courses in the area of health to favor the understanding of humanized care.

The lack of spaces dedicated to the care of professionals working in the hospital context makes explicit the challenge of organizing collective spaces to provide opportunities for discussions about working conditions in the institutions, with managers, workers, and patients participating in this space (Morais & Wunsch, 2013).

Therefore, we believe that the occupational therapists, as a member of the matrix team in the hospital context, can and should use their theoretical and practical knowledge to empower patients regarding their rights; and can and should use their technical and creative repertoire to build and foster strategies that favor the qualification of hospital care, in favor of humanized care.

## **5 Conclusion**

There was a greater care focus on the humanization practices used by occupational therapists to the maternal and child public in this study, with storytelling as the main resource used and the use of groups as the main approach.

The expanded clinic was the guideline that stood out in the practice of occupational therapy in hospital contexts, present in the descriptions of all studies in the selected sample, a factor that reveals a practical-conceptual appropriation, which is believed to be linked to the training of the occupational therapist. However, there was also frequent focus on welcoming and ambience actions, and more rarely reflections on the valorization of the worker and co-management.

As study limitations, we point out the small number of studies found, a factor that may be associated with the design of search descriptors and selection criteria, which could be expanded.

However, this review allowed the identification and recognition of practices carried out in the hospital, with a common delineation between resources and applied approaches being perceived, a factor that can guide the construction of new research aimed at producing more robust evidence on the contributions occupational therapy work.

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### **Author's Contributions**

Bárbara Aniceto actively participated in all the stages of the study (conception and writing of the manuscript, data collection, and analysis). Tatiana Barbieri Bombarda assisted in the writing and review of the text, in the data tabulation and analysis and the organization of sources. All authors approved the final version of the text.

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