



## **Humanization in health management in the context of Primary Health Care (PHC): A qualitative study**



<https://doi.org/10.56238/levv15n39-031>

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## ABSTRACT

This qualitative study explored humanization in the management of Primary Health Care (PHC), focusing on how humanization can be integrated into practice and the associated challenges. Using in-depth interviews with sixteen health professionals, the research investigated humanization practices, the obstacles faced and effective strategies. The results revealed that humanization is widely valued as an essential approach to improving the quality of care and patient satisfaction, but its implementation is hampered by challenges such as work overload, lack of resources, and resistance to change. Successful strategies identified included regular training and creating a work environment that values continuous patient feedback. The recommendations include the need for greater investment in resources and training, in addition to the integration of humanization into PHC policies and guidelines. The research concludes that, despite the difficulties, humanization is crucial for PHC and that its success depends on a systematic and continuous approach that involves the entire health team and the organizational structure.

**Keywords:** Humanization, Health Management, Primary Health Care (PHC).

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## INTRODUCTION

Humanization in health management has been consolidated as a central concept in the promotion of more efficient and patient-centered care, especially in the context of Primary Health Care (PHC). PHC, recognized for its comprehensive and continuous approach, seeks to offer accessible, preventive, and quality health care to the entire population, with a focus on health promotion and disease prevention. In this scenario, humanization emerges as a fundamental principle, which aims to ensure that care is not only technical and efficient, but also respectful and empathetic, meeting the needs and expectations of patients holistically. The integration of humanization in PHC management is, therefore, crucial to improve the quality of care and the experience of health service users (Garcia et al., 2016).

In recent years, humanization has gained prominence as a necessary approach to address the challenges faced by health systems, which are often characterized by high rates of overload, lack of resources, and an excessively technical and impersonal approach. Primary Health Care, in turn, plays a vital role in ensuring the continuity and coordination of care, which makes humanization an essential strategy to promote quality care. The implementation of humanized practices in PHC management seeks to transform the relationship between health professionals and patients, promoting more effective, empathetic, and collaborative communication, which can positively impact the health and well-being of individuals and communities (Lóss et al., 2019).

In the context of PHC, humanization is not limited only to direct contact between health professionals and patients, but also involves the management of services, the organization of work, and the dynamics of health teams. For humanization to materialize in practice, it is necessary that management policies and strategies integrate this principle at all levels of the organization. This includes training professionals to adopt more patient-centered practices, creating work environments that favor communication and empathy, and implementing work processes that consider the needs and rights of users. Humanized management is, therefore, an integral aspect of the quality of services provided in PHC (Marinho; Carrião; Marques, 2019).

The implementation of humanized practices in health management can lead to significant improvements in clinical outcomes and patient satisfaction. However, applying these principles in specific contexts, such as PHC, still faces significant challenges, including resistance to change, lack of resources, and the need for ongoing training for health workers. An in-depth understanding of the factors that influence humanization in PHC management can provide valuable insights for the formulation of strategies that effectively integrate these principles into the daily practice of health services (Martins et al., 2016).

This qualitative study aims to explore and analyze the experiences and perceptions of managers and health professionals about humanization in the management of Primary Health Care.



Through interviews and observations, it is intended to identify the practices that contribute to a more humanized management, the challenges faced in their implementation and the successful strategies that can be replicated in other contexts. Understanding these aspects is essential to promote a more humanized PHC and, consequently, more effective in promoting health and meeting the needs of patients.

## **METHODOLOGY**

The present research was conducted with the objective of exploring humanization in health management in the context of Primary Health Care (PHC). The exploratory nature of the study allowed for a preliminary and comprehensive investigation of the phenomenon, focusing on obtaining a detailed understanding of the practices and perceptions related to humanization among health professionals.

The approach adopted was qualitative, which allowed for a deep and rich analysis of the participants' experiences and opinions. The qualitative approach was chosen to provide a more in-depth examination of the perceptions and experiences of health professionals. This approach allows for an analysis of the subtleties and complexities of human interactions and management practices that are not captured by quantitative methods.

The sample was composed of sixteen health professionals working in Primary Health Care. The selection of participants included a variety of positions and specialties to ensure a broad and representative view of humanization practices in management in different contexts within PHC. Participants were chosen based on their experience and engagement with management and care practices, ensuring that their perspectives were relevant to the study objective.

Data collection was carried out through in-depth interviews, a qualitative technique that involves extensive and detailed conversations with the participants. In-depth interviews allow you to explore respondents' opinions, experiences, and feelings in more detail than other data collection methods. This approach is particularly useful for gaining insights into how humanization is perceived and applied in PHC practice.

The data collection process began with the initial contact with the PHC manager, who was informed about the objective of the research and the importance of his collaboration. After obtaining the manager's consent, interviews with the selected professionals were scheduled. Each interview was scheduled according to the availability of the participants and conducted in a comfortable and private environment to ensure confidentiality and quality of information.

During the interviews, tape recorders were used to capture the participants' responses accurately. Before the start of each interview, participants were informed about the purpose of the research, how the data would be used, and guaranteed confidentiality. They were also asked to

consent to the recording of the interviews, which was formally done before the talks began. This procedure ensured that participants were aware of how their information would be handled and that they agreed to the terms of the survey.

Data analysis was performed using the discourse analysis technique. This qualitative technique allows you to examine how the words and phrases used by the participants reflect their perceptions, values, and experiences. Discourse analysis focuses on understanding the underlying meanings in the interviews and identifying recurring patterns and themes in the participants' responses.

The analysis process involved the transcription of the recorded interviews and the careful reading of the transcribed texts to identify themes and patterns related to humanization in health management. The data was categorized and analyzed to extract insights into how professionals perceive and implement humanized practices, the barriers they face, and the strategies they consider effective.

## **RESULTS AND DATA ANALYSIS**

The qualitative analysis of the data collected through the in-depth interviews revealed a series of important themes and patterns about humanization in health management in the context of Primary Health Care (PHC). The reports of health professionals provide a comprehensive view of humanization practices, challenges faced, and successful strategies implemented in PHC units. The technique of discourse analysis allowed us to interpret the underlying meanings and identify the nuances in the participants' responses.

Participants expressed a consensus on the importance of humanization in PHC management, highlighting the need to create a more welcoming and respectful environment for patients. As reported by professional E7: "Humanization is not just a technique, it is a philosophy that should permeate all aspects of care. We need to make sure that every patient feels valued and heard." This statement illustrates the prevailing view that humanization should be an integral approach, which goes beyond superficial practices and is reflected in every interaction with patients.

In contrast, professional E2 noted, "Although we know the importance of humanization, we are sometimes overwhelmed by demand and limited resources, which makes it difficult to constantly apply this principle." This report reveals a concern with the feasibility of humanization in the face of operational challenges and resource limitations, indicating the need for management strategies that can balance the quality of care with the demands of everyday life.

The challenges in implementing humanized practices were a recurring theme in the interviews. The E5 professional mentioned: "One of the biggest challenges we face is the resistance to change on the part of some team members, who still see humanization as something secondary to

technical and administrative demands." This report highlights a significant barrier to the adoption of humanized practices, which is the lack of alignment among all team members regarding the importance of the patient-centered approach.

Another challenge cited was the lack of time, as reported by the E8 professional: "The volume of work is so high that we are often unable to dedicate the necessary time to really connect with patients and understand their needs holistically". This comment reflects the difficulty of integrating humanized practices in an environment where resources and time are scarce, highlighting the need to restructure work processes to allow a more patient-centered approach.

Despite the challenges, the participants identified several successful strategies to promote humanization in PHC management. The E3 professional highlighted: "Implementing regular training sessions for the entire team on empathetic communication and welcoming techniques has been fundamental to improve our interaction with patients". This practice demonstrates a conscious effort to equip staff with specific skills that facilitate more humanized and respectful care.

In addition, professional E6 mentioned: "Creating a work environment that values patient feedback and encourages staff to discuss cases and experiences helps keep humanization as a constant priority." This report suggests that promoting a culture of feedback and continuous reflection can help keep humanization at the center of management and service practices.

The data also indicated that the application of humanized practices has a positive impact on patient satisfaction. E9 said: "When we are able to provide care that not only treats the disease but also takes care of patients' emotional well-being, they often report a much more positive experience and better adherence to treatment." This comment underlines the importance of a holistic approach, which considers both the clinical and emotional aspects of care, and how this can influence patient satisfaction and adherence.

Based on the interviews, recommendations were formulated to improve humanization in PHC management. Practitioner E10 suggested: "We need greater investment in resources and training that allow the health team to incorporate humanized practices in a more effective and sustainable way." This indicates that, for humanization to materialize more broadly and consistently, more robust support is needed in terms of resources and professional development.

In addition, professional E4 emphasized the importance of a systematic approach: "Integrating humanization into PHC policies and guidelines can ensure that all team members are aligned with this approach and know how to apply it in everyday life." This recommendation points to the need for institutional policies that reinforce the importance of humanization and offer a clear guide for its implementation.



## FINAL CONSIDERATIONS

The objective of this qualitative study was to explore humanization in the management of Primary Health Care (PHC), offering an in-depth understanding of the practices, challenges, and strategies associated with the implementation of a patient-centered approach. The analysis of the data collected through the in-depth interviews revealed valuable insights into how humanization is perceived and applied in PHC management, as well as highlighting the barriers and opportunities to improve practice.

The results confirm that humanization is widely recognized as a crucial need for the quality of care in PHC. The predominant view among the participants is that humanization should permeate all aspects of care, going beyond superficial practices and being reflected in each interaction with patients. However, the effective implementation of this principle faces significant challenges, such as work overload, lack of resources, and resistance to change. These challenges indicate the need for more robust management strategies that integrate humanization in a sustainable and effective way.

The data also highlighted successful strategies to promote humanization, including implementing regular training and creating a work environment that values continuous patient feedback. These practices demonstrate that, despite the difficulties, it is possible to advance in humanization through deliberate and systematic efforts that involve the entire health team. The valorization of empathetic communication and the development of specific skills were identified as essential components to improve interaction with patients and, consequently, overall satisfaction.

Based on the participants' reports, the recommendations include the need for greater investment in resources and training to support the team in incorporating humanized practices. Additionally, integrating humanization into PHC policies and guidelines is seen as crucial to ensure that all team members are aligned with this approach. Creating a work environment that encourages continuous reflection and patient feedback is also a recommended strategy to keep humanization as a constant priority.

In conclusion, the research shows that humanization in PHC management is an essential principle that can significantly improve the quality of care and the patient experience. However, its successful implementation depends on overcoming operational barriers and adopting strategies that integrate humanization at all levels of the organization. Continued investment in training and resources, along with creating an institutional culture that supports humanization, is critical to achieving these goals. This study provides a solid basis for future research and for the development of policies and practices that promote a more humanized and effective PHC.



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