



Humanization in Primary Health Care (PHC): An integrative review of management models and impacts on the quality of patient care



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ABSTRACT

The research aims to evaluate the impact of humanized management models in Primary Health Care (PHC), focusing on improving the quality of care and the patient experience. The methodology used was an integrative literature review, conducted in academic databases such as Google Scholar and SciELO, with the selection of articles published between 2020 and 2023, which ensured the relevance and timeliness of the information. The data analysis, obtained from three main studies, revealed that the practice of humanization in PHC is insufficient and often misaligned with the principles of the National Humanization Policy (PNH). The results show that humanization contributes significantly to patient satisfaction and treatment effectiveness, but current practice still faces challenges, such as the need for better training of professionals and the implementation of effective strategies to integrate empathetic care into daily care. The conclusion of the research underlines that while humanization is essential for improving the quality of care, an ongoing commitment to training and the practical application of humanization principles is necessary to ensure truly patient-centered care.

Keywords: Humanization, Primary Health Care, Health.



INTRODUCTION

Primary Health Care (PHC) is the fundamental foundation of health systems, acting as the entry point for most of the population's health needs. This level of care is responsible for providing continuous and coordinated care, addressing both the individual and collective needs of patients. With the growing complexity of health challenges, including chronic diseases and long-term care needs, the quality of PHC becomes crucial to the effectiveness of the health system as a whole. However, to ensure that PHC fulfills its role effectively, it is essential to adopt management models that promote the humanization of care, prioritizing not only technical efficiency, but also the experience and well-being of patients (Ovando, 2023).

Humanization in PHC refers to practices and approaches that seek to serve patients in an integral and respectful way, recognizing their dignity and uniqueness. This approach goes beyond simply providing medical care, incorporating emotional, social, and psychological aspects into care. The implementation of humanized management models aims to create an environment where healthcare professionals can offer more compassionate and personalized care, aligned with the needs and preferences of patients. This perspective is increasingly recognized as a critical factor for improving the quality of care and strengthening the relationship between patients and health service providers (Pereira, 2023).

Humanized management models in PHC involve the adoption of practices that promote the active participation of patients in the care process, encourage open and transparent communication, and value empathy and respect. Such models may include the continuous training of health professionals in communication and relationship skills, the implementation of protocols that ensure the inclusion of patients' preferences in decisions about their care, and the creation of multidisciplinary teams that ensure an integrated and holistic approach. Humanized management also encompasses the reorganization of health services to improve access and continuity of care, reducing barriers and creating a more welcoming environment (Lóss et al., 2020).

The impacts of humanization on the quality of care in PHC are widely documented in studies that show improvements in patient satisfaction, treatment adherence, and the effectiveness of interventions. Patients who feel respected and involved in their care are more likely to follow medical recommendations and seek health services more appropriately. In addition, humanization contributes to the reduction of stress and anxiety, both for patients and health professionals, promoting a more positive and collaborative work environment (Vieira; Castro, 2016).

In view of the above, the objective of this research was to evaluate how humanized management models in Primary Health Care (PHC) impact the quality of care, focusing on improving the patient experience and the effectiveness of care.



METHODOLOGY

To investigate the theme of humanization in Primary Health Care (PHC), an integrative review was carried out, an appropriate approach to comprehensively compile and analyze the existing knowledge on the subject. The integrative review was chosen because it allows a critical synthesis and the integration of different sources of evidence, enabling a holistic view of how humanization is approached in PHC management. This methodology is particularly useful for identifying trends, gaps, and relevant theoretical and practical contributions in the literature.

The data collection was carried out in reputable academic databases, specifically Google Scholar and SciELO, using a combination of keywords and search descriptors appropriate for the topic. The search terms were carefully selected and combined with Boolean operators AND and OR to refine the results and ensure the relevance of the articles found. The choice of these descriptors was strategic to broadly cover the field of humanization in PHC management and to identify relevant studies.

To ensure the quality and relevance of the articles included in the review, strict inclusion criteria were applied. Only complete articles, in Portuguese and from Brazilian sources, were selected. In addition, a time frame was established, including only articles published between 2020 and 2023. These criteria ensured that the review addressed recent research relevant to the Brazilian context. Free articles associated with the theme of humanization in PHC were prioritized, while other types of studies, such as theses, abstracts, and non-complete materials, were excluded from the analysis to maintain the focus and quality of the review.

Data analysis was performed in two distinct stages to ensure the accuracy and relevance of the selected articles. In the first stage, the abstracts and titles of the identified articles were read, allowing an initial screening to determine the adequacy of the studies to the research theme. In the second stage, complete readings of the articles that passed the initial screening were carried out. This detailed process resulted in the final selection of three scientific articles, which provided a solid basis for the analysis of the integration of humanization in PHC management.

RESULTS AND DATA ANALYSIS

Through the research, a sample composed of three scientific articles was obtained. Chart 1 shows the main information of the selected articles.

Table 1. Selected articles

Authors	Objective	Methodology	Main results
Félix and Ferreira (2023)	To describe the humanization practices of health care for the elderly in Primary Health Care	Integrative literature review	The integrative review on humanized care in Basic Health Units (BHU) shows that, in practice, care for the elderly population in Primary Health Care (PHC) is often disordered and centered on the disease, rather than on the individual needs of patients. The results indicate that humanized care in PHC is still fragile and does not fully correspond to the principles of the National Humanization Policy (NHP). Older people often do not perceive foster care as comprehensive care, and current practice tends to focus on specific needs rather than promoting more holistic care. This study underscores the need to strengthen humanization in older age care and suggests more research and investment to improve care as the older population continues to grow.
Natal et al. (2022)	To investigate the knowledge of professionals who work in primary care about humanized care	This is a descriptive, exploratory study with a qualitative approach	The analysis of the interviews revealed three main categories about humanized management in Primary Health Care (PHC). First, the impacts of humanized care versus its absence demonstrate that humanized care is more effective and ethical, providing more adequate care that is sensitive to the needs of patients. Second, strategies to strengthen the practice of humanized care show that, when implemented effectively, humanized care becomes much more robust and impactful. Finally, work activity as a synonym for empathetic care highlights the continuous need to make health professionals aware of the importance of empathy in care. It was found that, although professionals have a basic knowledge about humanization, their practices still need to incorporate the principles of empathetic and humanized care in PHC more consistently.
Silva et al. (2023)	To reflect on the relationship between narrative medicine, social networks and humanization based on the use, by one of the authors, of social networks to share stories experienced in the context of Primary Health Care.	Literature search	Humanized management in Primary Health Care (PHC) seeks to integrate narrative medicine and the biomedical model to offer more complete and empathetic care. While the biomedical model focuses on disease and technology, often neglecting emotional and contextual aspects of patients, narrative medicine values the individual experience and patient history, promoting a more holistic approach. The National Humanization Policy (NHP) in Brazil supports this integration by emphasizing the importance of considering both the technical and subjective dimensions of care. This dialogue between paradigms can improve the quality of care, making it more respectful and human-centered.

Source: Survey data (2024).



According to Félix and Ferreira (2023), aging is a natural and individual process, which makes it essential to provide humanized care to the elderly. Reviews of the scientific literature on humanized care in Basic Health Units (BHU) reveal that the humanization of care goes beyond mere technique, encompassing respect, support, welcoming, dialogue and empathy, and requiring an effective change in the conduct of health teams. Primary Health Care (PHC) plays a crucial role in the implementation of these practices, especially for the elderly population, whose care is often disordered and fragmented, centered on disease rather than individual needs.

The results of the review indicate that the current practice of humanized care in PHC is unsatisfactory and often conflicts with the principles established by the National Humanization Policy (NHP). Most studies reveal that the elderly do not perceive welcoming as comprehensive care, and the term "welcome" is often restricted to the satisfaction of specific needs. Care for older adults should include not only prevention and early detection of health problems, but also a more holistic approach that considers their needs and their overall well-being.

The analysis highlights the need to strengthen humanization in care for the elderly, highlighting that the current approach often ignores fundamental aspects such as the construction of social bonds and effective communication. The study reinforces the importance of more research and investments in this area, especially considering the increase in the elderly population in Brazil and in the world. Thus, it is imperative that PHC evolves to offer care that is truly humanized and patient-centered, promoting a more integrated and effective approach to the care of the elderly.

Natal et al. emphasize that the analysis of the interviews revealed three main categories that illuminate critical aspects of humanized management in Primary Health Care (PHC). First, the study highlights the impacts of humanized care in contrast to its absence. The data suggest that the humanized approach provides a more effective and ethical care, adapted to the specific needs of patients and respecting their emotional and subjective dimensions. This type of care, when applied, results in a more complete and satisfactory experience for the patient, contrasting with the depersonalized approach that can prevail in the absence of humanized practices.

Secondly, the analysis of the interviews revealed the strategies to strengthen the practice of humanized care. The interviews indicate that when humanized care is implemented effectively, it becomes significantly more robust and impactful. Strategies identified include promoting ongoing training for healthcare providers, creating work environments that encourage open communication, and valuing patient feedback. Successful implementation of these strategies can substantially improve the quality of care by aligning it more closely with humanization principles.

Finally, the analysis addressed work activity as synonymous with empathetic care. It was evident that, although health professionals have a basic knowledge of the principles of humanization, there is a continuous need for awareness and training on the importance of empathy in care. The



practice of empathetic care requires not only theoretical knowledge, but also a consistent and practical application of these principles in the daily life of PHC. It was found that, although there is a general understanding of humanization, the integration of these principles into the daily practices of professionals still needs to be more effective and consistent.

As reiterated by Silva et al., humanized management in Primary Health Care (PHC) is in constant dialogue with the biomedical and narrative models of medicine, reflecting the complexity of health care delivery. The biomedical model, characterized by a materialistic and mechanistic approach, focuses on disease and technology, often neglecting humanistic and emotional aspects of patients.

In contrast, narrative medicine values the completeness and context of patients' experiences, promoting care that is more human-centered and their personal history. The biomedical paradigm, despite its effectiveness in technical and diagnostic aspects, often results in fragmented and dehumanized care. This model tends to treat health in a way that is reduced to biological and pathological aspects, disregarding the subjective and emotional dimension of patients. This focus can lead to a distance between health professionals and patients, impairing the quality of care.

Narrative medicine, on the other hand, offers an approach that seeks to integrate the patient's experience with the healthcare professional's technical knowledge. This paradigm emphasizes the importance of listening to patients' stories and understanding their health and illness experiences, which can improve communication and empathy in care. The narrative allows professionals a richer and more complete understanding of the patient, favoring a more holistic and humanized approach.

The National Humanization Policy (NHP) in Brazil reinforces the need to integrate humanized practices in PHC, aligning with the principles of narrative medicine. The PNH promotes the appreciation of the subjective and social dimension of care, encouraging attention that is not limited only to technical treatment, but also recognizes and welcomes the emotional and contextual needs of patients.

FINAL CONSIDERATIONS

The survey highlighted the importance of humanized management models in Primary Health Care (PHC) and how they impact the quality of care provided. The data revealed that the effective implementation of humanized practices is crucial to improve the patient experience and the effectiveness of care. The analysis showed that while humanization in PHC has a significant positive impact, the practice still faces challenges. Evidence suggests that humanized care, by recognizing and meeting the emotional and subjective needs of patients, provides a more complete and satisfying experience. However, current practice often does not fully reflect the principles of the National



Humanization Policy (NHP) and lacks a consistent integration of the principles of empathy and respect in daily care.

The results of the integrative review and the studies analyzed indicate that humanization in PHC is fundamental for patient satisfaction and treatment adherence, but that there is a continuous need to strengthen the training of professionals and to implement effective strategies to promote more holistic and patient-centered care. The interplay between the biomedical and narrative models also highlights the need for a balanced approach, which not only treats diseases in a technical way, but also considers the subjective and emotional experience of patients.

In conclusion, the research reaffirms that humanization in PHC is essential for improving the quality of care, but emphasizes that successful implementation depends on a continuous commitment to training, empathetic practice, and the integration of humanization principles in all aspects of care. An additional effort is needed to transform theoretical knowledge into effective practices, ensuring that PHC offers truly human-centered care.



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