Hospital hospitality and the health of the elderly: Contributions to humanized training in gerontological nursing

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ABSTRACT

Introduction: It is urgent to align the professional training process with the health demands of the elderly, especially those related to humanization, hospitality, and hospital hospitality. Objective: To carry out an integrative health review on the humanization of care for the elderly, with emphasis on the humanization of hospital care and hospitality. Methodology: Integrative review carried out in the following databases: Virtual Health Library (VHL), *Medical Literature, Analysis and Retrieval System Online* (PubMed), Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) and Google Scholar. Health Sciences Descriptors (DeCS) and keywords were used. An advanced search was carried out for each of the following thematic axes: Axis 1: a) The humanization of care in the care of the hospitalized elderly, from the perspective of the nursing student: "Humanization of Hospital Care", "Humanization of Care", "Elderly", "Nursing", Axis 2: b) The contribution of the National Humanization Policy to hospitality in the care of the hospitalized elderly: "National Humanization Policy", "Hospitality", "Elderly", Axis 3: c) Hospital Hospitality and its possible contributions to humanized care for the elderly: "Humanization of Care", "Hospitality", "Hospital Hospitality" and "Elderly". Results: 10 articles were selected, whose texts were complete and freely available in Portuguese, English and Spanish, published in the last 10 years (2012-2022), which presented one or more descriptors/keywords selected in each axis described. Discussion: The findings pointed to: positive aspects that enable qualified and humanized care for hospitalized elderly people, from the perspective of nursing, such as: communication, welcoming, individualized care planning, needs/specificities of the user and respect for the identity of the elderly person); the need to dialogue about the aspects that permeate the humanization of care, the context of the creation of the National Humanization Policy, as well as the National Health Policy for the Elderly, reinforcing the guarantee of rights to this public and that include nursing as a promoter of the humanization of care; hospital hospitality can contribute significantly to the humanization of gerontological care using relational technology, welcoming, empathetic treatment and holistic strategic actions of care and awareness of the health team. Conclusion: The data discussed corroborate the triggering discussions about the improvement and qualification of care regarding the positive impact of hospital hospitality on the management of hospitalized care for the elderly.

Keywords: Humanization of Care, Hospital Hospitality, Aged, Gerontological Nursing.

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INTRODUCTION

The World Health Organization (WHO) instituted, based on the socioeconomic power of the country, the age classification of an elderly person. In developing countries, an individual who is 60 years of age or older is considered elderly. In developed countries, the age is increased to 65 years (WHO, 2002).

Currently, 125 million people are 80 years of age or older across the planet (PAHO, 2018). The reality in Brazil is no different from the world, with a mostly young population in the recent past, it is observed that currently, there is a significant number of elderly people (MIRANDA, et al, 2016).

Barreto et al. (2011) demonstrated that the drop in the fertility rate, the reduction in mortality and the various transformations that occurred in Brazilian society provided a demographic transition that has brought new challenges to the health system, which involve political mobilization.

By rationalizing the importance of quality of life, as well as associating this determinant with longevity, the plan was created: Decade of Healthy Aging 2020-2030. This action plan consists of a global strategy on ageing and health of the WHO and it is estimated that in these 10 years, combined, catalytic and sustained collaborations will be triggered. And the focus of the plan is the elderly (WHO, 2020).

In addition to socio-political actions, it is important to delve deeper into the possibilities inherent to the aging process. The longer the elderly person, the greater the number of hospitalizations, since, over the years, there is a greater physiological and functional decline that leads to more pathologies and health problems (Oliveira, et al, 2019).

Most health conditions in the elderly are related to chronic health disorders, especially non-communicable diseases (WHO, 2016).

Some factors contribute to the increase in hospital morbidity and mortality in the elderly population, including the higher incidence of functional deterioration, which were grouped mainly into three factors: less resistance to response to acute disease situations (greater underlying frailty), greater severity of the diseases that precipitated hospitalization and, finally, the possible inadequacy of the care provided (BAZTÁN, 2008).

With the purpose of consolidating the principles of the SUS in the different health scenarios as a transversal policy, the National Humanization Policy, launched in 2003, emphasizes the inclusion of differences in the management and care processes. Such changes are built not by an isolated person or group, but in a collective and shared way (BRASIL, 2013).

Humanization in conjunction with hospital hospitality has important potential for modulating quality care for the assisted client. For Boeger (2003, p.24), hospital hospitality is "the gathering of

all support services, which, associated with specific services, offer internal and external customers comfort, safety and well-being during their hospitalization period."

Certainly, an approach that involves hospital hospitality based on the humanization of care is essential to the care of the elderly (Marins and Slob, 2019). Since there is a concern with the process of student education in favor of expanded concepts about the health of the elderly, as pointed out in Article 10 of Law No. 8,842 (1994), which ensures the National Policy for the Elderly:

> "III – in the area of education: a) to adapt curricula, methodologies and didactic material to educational programs aimed at the elderly; b) to insert in the minimum curricula, at the various levels of formal education, contents focused on the aging process, in order to eliminate prejudices and produce knowledge on the subject; c) to include Gerontology and Geriatrics as curricular subjects in higher education courses [...]"

Thus, active methodologies can favor new ways of developing the learning process, aiming at the conditions to solve challenges arising from the essential activities of social practice, in different contexts (BERBEL, 2011).

Considering the change in the demographic profile, the aging of the population and also the difficulty of finding scientific studies in the area of health, on the theme of humanization and hospital hospitality in health care for the elderly, the following objectives were elaborated:

GENERAL OBJECTIVE

Carry out an integrative review on humanization in the care of the elderly, with emphasis on hospital hospitality.

SPECIFIC OBJECTIVES
To know the scientific production in health and nursing on the following thematic axes

a) The humanization of care in the care of the hospitalized elderly, from the perspective of the nursing student, b) The contribution of the National Humanization Policy to hospitality in the care of the hospitalized elderly, c) Hospital Hospitality and its possible contributions to humanized care for this elderly.

JUSTIFICATION

The emerging need of practice to direct care to a growing population profile and with different specificities in its care, leads us, primarily, to think about actions that can be resolute. In the area of nursing, situational diagnosis is a fundamental tool in the context of management.

Furthermore, with regard to scientific production, the National Agenda of Health Research Priorities (ANPPS) privileges "respecting national and regional health needs and increasing selective induction for the production of knowledge and material and procedural goods in priority areas for the

development of social policies" (Brasil, 2008, p. 13). The ANPPS was constituted as the movement to align health research priorities in Brazil and is composed of 24 sub-agendas (Ministry of Health, 2008). Being an impactful social response in health, subagenda number 6 has the theme: health of the elderly.

In this context, the Decade of Healthy Aging and the National Policy for the Elderly can also be mentioned, as a global and national strategy, respectively, which aim at the interests of guaranteeing the right to citizenship, health promotion, prevention and recovery, as well as greater visibility and prominence in political actions.

It is necessary to deepen the humanization and hospital hospitality in the health education process. Thus, this study can contribute to broaden discussions in the health area and, especially, in the nursing area, reducing the existing gaps in knowledge in gerontological nursing during the process of professional training of nurses, associated with humanization, hospitality and hospitality, with a view to the production and promotion of health in the hospital environment.

CONCEPTUAL FRAMEWORK

Humanization, a polysemic word, which refers in its concept within care to a human relationship (Simões et al., 2007). A different look at the assisted user, who, by the way, is another human being; The look based on humanization sees the integrality, identity and subjectivity of the other, with the necessary welcome for the construction of a satisfactory therapeutic process. Developed with quality, empathy, based on structural, political and ethical issues (COSTA, FIGUEIREDO AND SCHAURICH, 2009).

The contents that guide humanization in health began through the guidelines of the Ministry of Health (MS), which in 2000 launched the National Program for the Humanization of Hospital Care (PNHAH), aiming to bring improvements in care and attention to hospitalized users. However, in 2003, the National Humanization Policy (NHP) was established, which since then, has its principles (transversality, inseparability between care and management, protagonism, co-responsibility and autonomy of subjects and collectives), as well as its guidelines (welcoming, participatory management and co-management, ambience, expanded and shared clinic, valorization of the worker, defense of users' rights) practiced within the Unified Health System (SUS). (MORAES, 2017)

Humanization is configured as an ethical, aesthetic and political bet. Ethics, because it implies that users, managers and workers are committed to improving care, aesthetic because it allows a creative and sensitive process of health production by autonomous subjects and protagonists of a collective process. Politics refers to the social and institutional organization, where it is expected

that there is solidarity of the established bonds, the rights of users and the collective participation of the management process. (BRAZIL, 2006)

Florence Nightingale, in her Environmentalist Theory, believed that providing an adequate environment was something differential in the recovery of the sick. In the context of nursing, this concern with the environment has existed since the foundation of professional nursing in the second half of the nineteenth century, which reflects, nowadays, in humanized care, based on the control of the environment in which the patient is inserted, who is seen as a being of relationships and interactions with the environment (MORESCHI, 2011).

It is worth noting that, in his theory, the environment is only one of the means to develop humanized care, in addition to such devices: reception, risk classification; collegiate managers; training program in health and work; reference and matrix support teams; co-managed projects of environment, right to companion and open visit, and construction of collective processes for monitoring and evaluation of humanization activities (Freitas, 2013).

Making the environment conducive to health recovery comes up against commercial hospitality, which is a challenge for managers and service providers, including hospitals. Currently, it is perceived that some hospitals seek to transform their social environments into pleasant spaces for coexistence, an aspect that has been developed with hospital organizations, the concept of hospital hospitality, which aims to provide internal and external customers with situations of comfort, well-being and safety (BOEGER, 2003).

This concept has existed in Brazil for less than two decades and is not yet common sense in the health scenario (Santos and Junior, 2009). For a better understanding, it should be noted that in the hotel industry, the support services are those that are non-assistential, which operationally maintain direct contact with the client, companions, visitors and family members, such as: property security, hospitalization and reception, governance, nutrition and gastronomy.

For Boeger et al. (2011), the implementation of a Hospital Hospitality System (SHH) confers benefits, for example, of indirectly offering more time for the nursing team to care practices, with non-assistance being the responsibility of the multiprofessional hotel team. A study by the Brazilian Society of Hospital Hospitality, (2006) in a hospital that has been developed for more than 2 years, reveals significant improvements, covered in 30% more of the nursing time invested in care care.

In this sense, an approach that integrates humanization from the perspective of hospital hospitality is paramount when it comes to health care for the elderly in the hospital context (Marins and Slob, 2019). Nursing, when caring for a client, is also concerned with the environment that surrounds him. The hotel industry contributes precisely to this process, creating favorable and facilitating environmental conditions (DIAS, 2006).

That said, when thinking about humanization in nursing care, it is brought to light that it encompasses ethical interpersonal relationships in a dynamic that involves the potential of the human being, by addressing the issue of creativity and sensitivity and a commitment to respect the uniqueness of the other, as well as their citizenship. In this sense, the concept of humanization is articulated with that of care, contributing to the science of nursing (ARAÚJO and FERREIRA, 2011).

In this regard, it is worth noting that "the university is one of the levels of education that is responsible for the process of humanization, which enables the insertion of human beings in human society" (CASATE and CORRÊA, 2012, p.221).

Thus, there is a concern to align the nursing student education process with the context of the health of the elderly person and the humanization of care for this clientele, especially in the hospital context. To take care of the elderly, there is a need for humanization and awareness on the part of those who care. The student with this perception is probably prepared to deal with the elderly, as it does not exclude the subjectivity involved in the interpersonal relationships of care (MEDEIROS, ARAÚJO AND BARBOSA, 2008).

It is essential that undergraduate health courses, with emphasis on Nursing, include content related to Gerontology and Geriatrics, following the perspective of the increase in the elderly population, higher life expectancy, demand on health services and in accordance with policies aimed at this population (RODRIGUES, 2018).

The academic experience enables a first contact with the elderly patient and allows them to acquire and improve specific nursing skills and abilities in the field of Elderly Health (Melo et al, 2014). To this end, the use of methodologies that stimulate the student's protagonism are fundamental for the teaching of Nursing allied to Human Aging, especially with regard to the construction of teaching-learning-health processes. Essentially when directed to the integrality of care for the elderly, especially in the SUS scenario. (PRADO, et al, 2012)

METODOLOGY

Integrative literature review carried out in the following databases: Virtual Health Library (VHL), *Medical Literature, Analysis and Retrieval System Online* (PubMed), Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) and Google Scholar, based on six proposed steps: identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; establishment of criteria for inclusion and exclusion of Studies; definition of the information to be extracted from the selected studies; evaluation and interpretation of the studies included in the review and, finally, the review/synthesis of knowledge is presented (MENDES, SILVEIRA AND GALVÃO, 2008).

Thus, Health Sciences Descriptors (DeCS) and keywords were used, justified by the lack of DeCS and *Medical Subject Headings* (MeSH) on hospital hospitality. These were accompanied by the Boolean operator "AND" and "OR", in addition to the quotation marks, in an advanced search, for the following thematic axis: **Axis 1:** a) The humanization of care in the care of the hospitalized elderly, from the perspective of the nursing student: "Humanization of Hospital Care", "Humanization of Care", "Elderly", "Nursing", **Axis 2:** b) The contribution of the National Humanization Policy to hospitality in the care of the hospitalized elderly: "National Humanization Policy", "Hospitality", "Elderly", **Axis 3:** c) Hospital Hospitality and its possible contributions to humanized care for the elderly: "Humanization of Care", "Hospitality", "Hospital Hospitality" and "Elderly".
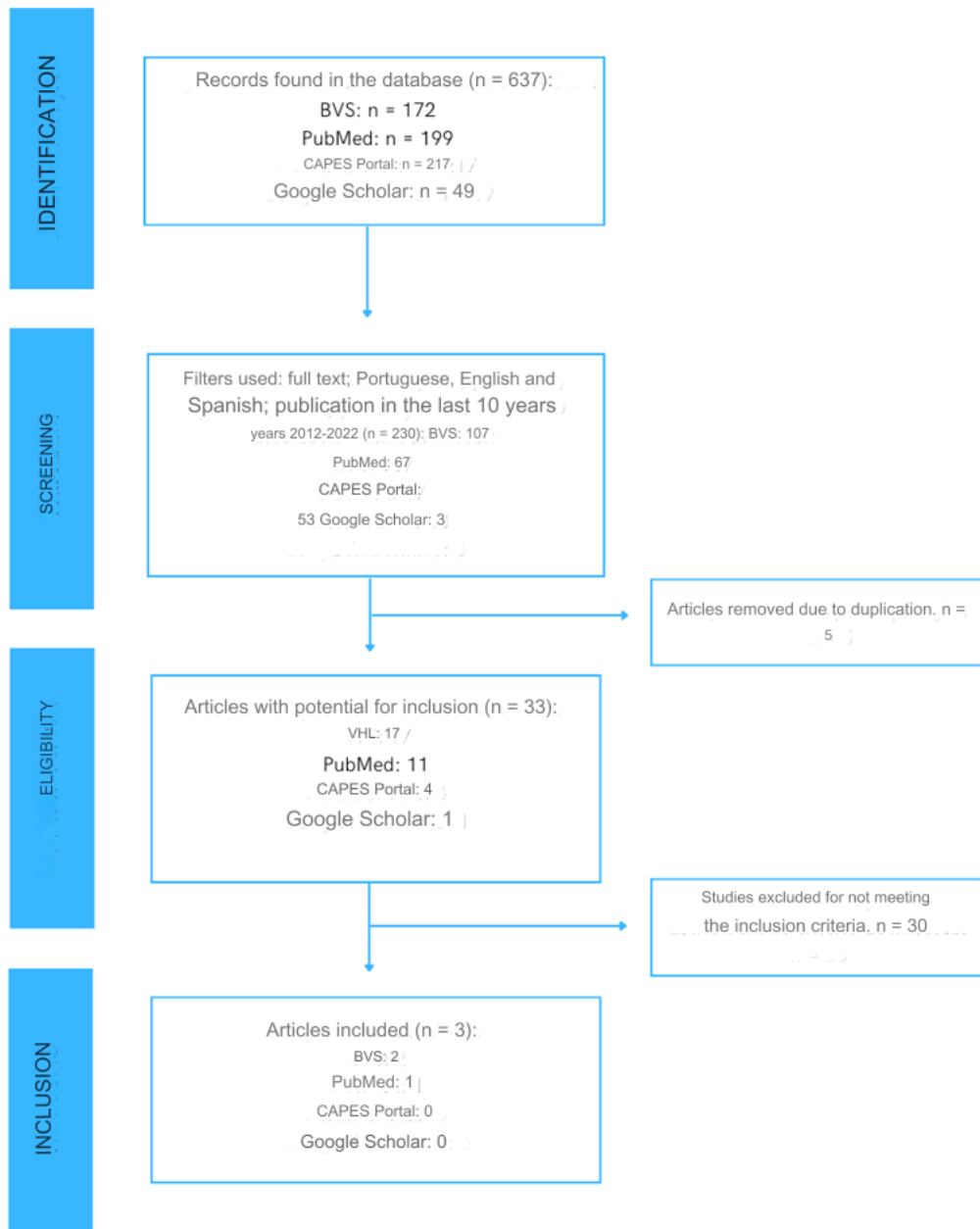
In all the platforms used, the inclusion criteria were: having full text available for free; text in Portuguese, English or Spanish; having been published in the last 10 years (2012-2022); sharing one or more selected descriptors/keywords; association with the central theme "Hospital Hospitality and the Humanization of Health Care for the Elderly".

Studies that did not address the central theme of this review, incomplete/unavailable texts, such as theses, dissertations, monographs, experience reports, and duplicate publications were excluded. The articles were selected based on the evaluation of the abstracts, followed by a critical and eligibility analysis based on the reading of the publications in full.

RESULTS
THE HUMANIZATION OF CARE IN THE CARE OF THE HOSPITALIZED ELDERLY, FROM THE PERSPECTIVE OF NURSING

Figure 1: Flowchart for the selection of publications of thematic axis 1.

IDENTIFICATION

Records found in the database (n = 637):
BVS: n = 172
PubMed: n = 199
CAPES Portal: n = 217
Google Scholar: n = 49

SCREENING

Filters used: full text; Portuguese, English and Spanish; publication in the last 10 years years 2012-2022 (n = 230): BVS: 107
PubMed: 67
CAPES Portal:
53 Google Scholar: 3

Articles removed due to duplication. n = 5

ELIGIBILITY

Articles with potential for inclusion (n = 33):
VHL: 17
PubMed: 11
CAPES Portal: 4
Google Scholar: 1

Studies excluded for not meeting the inclusion criteria. n = 30

INCLUSION

Articles included (n = 3):
BVS: 2
PubMed: 1
CAPES Portal: 0
Google Scholar: 0

Source: The author, 2022.

The selected studies were distributed according to title, author and year, objective(s) and main results, as shown in Table 1 below:
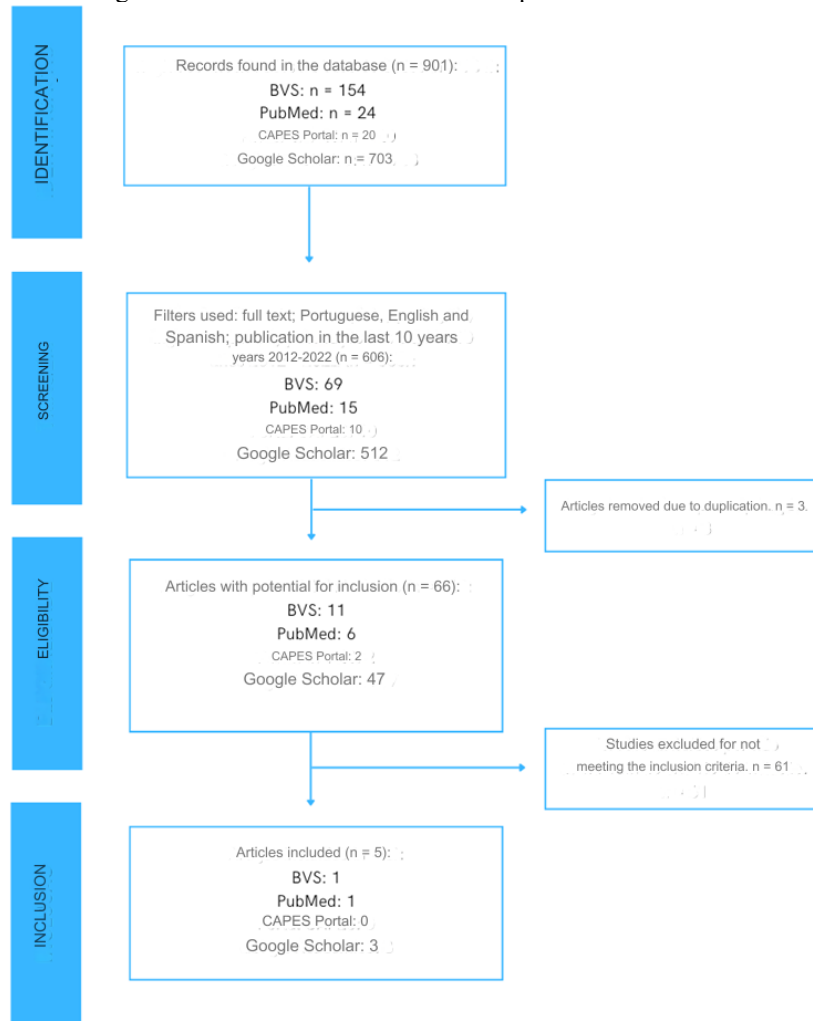
Chart 1: Distribution of the studies selected using the descriptors: "Humanization of Hospital Care", "Humanization of Care", "Aged" and "Nursing".

Code	Title	Author(s)/Year	Main results
A1	Strategies to humanize the care of the hospitalized elderly: a study with clinical nurses	Dias KCCO, et al. (2015).	Approach to three main strategies for the humanization of care for the elderly: welcoming, individualized nursing care and respect for the autonomy of the elderly patient; respect for the beliefs, values, privacy and identity of the elderly patient; valuing verbal and non-verbal communication for the patient and his family.
A2	Nursing work in the care of hospitalized elderly: limits and particularities	Sanguino GZ, et al. (2018).	It was identified that nursing care for hospitalized elderly faces limits and difficulties from different sources. In addition, nursing care for hospitalized elderly people requires peculiar attention imposed by the characteristics of aging; and that nursing care for hospitalized elderly people is facilitated by collaborative practice among those involved.
A3	*The effects of empathy skills training on nursing students' empathy and attitudes toward elderly people*	Gholamzadeh S, et al. (2018)	The results showed that the empathy skills training program had a significant impact on students' average empathy scores and attitudes toward older adults.

Source: The author, 2022.

THE CONTRIBUTION OF THE NATIONAL HUMANIZATION POLICY TO HOSPITALITY IN THE CARE OF THE HOSPITALIZED ELDERLY

Figure 2: Flowchart for the selection of publications in thematic axis 2.

Source: The author, 2022.

The selected studies were distributed according to title, author and year, objective(s) and main results, as shown in chart 2 below:
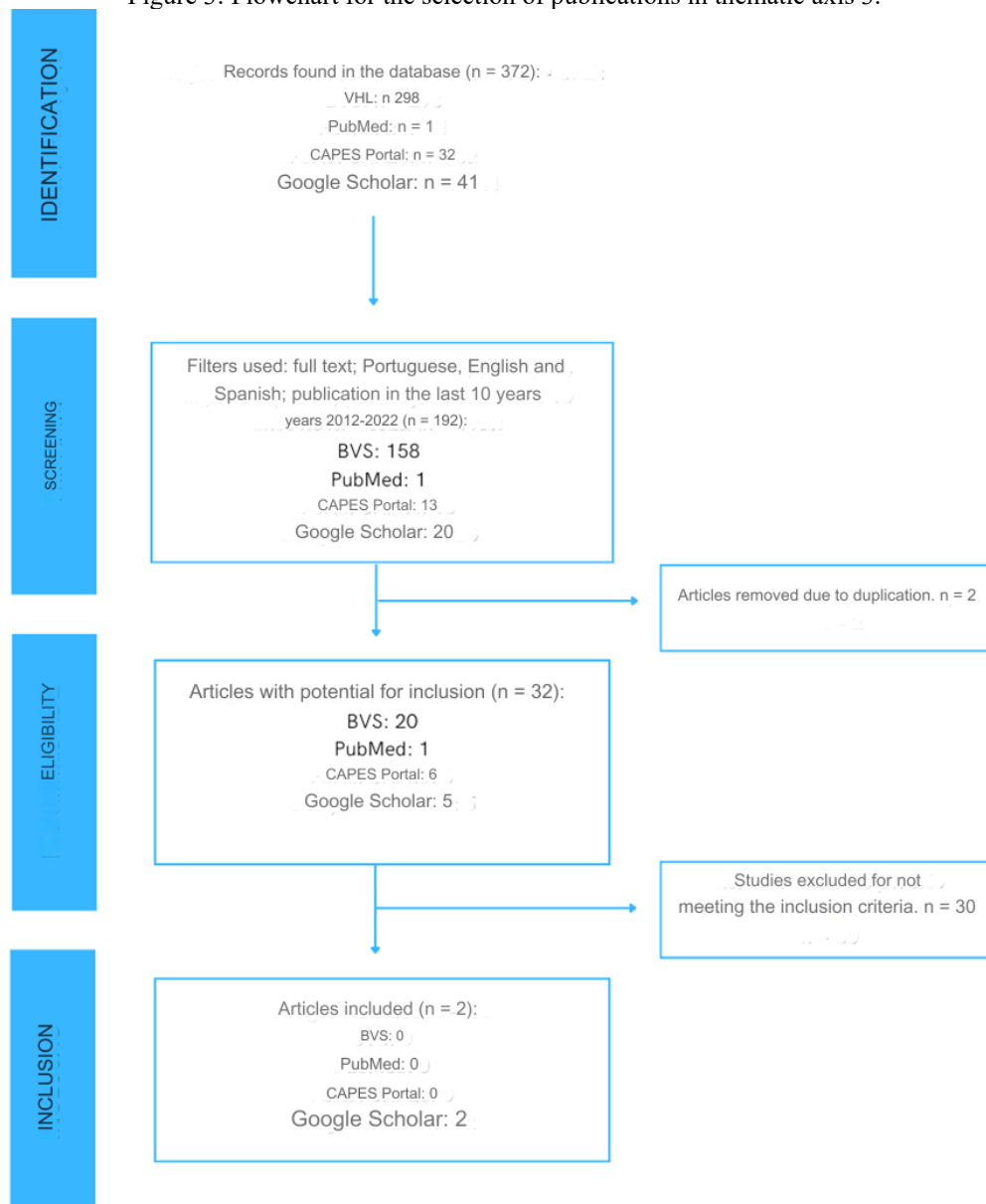
Chart 2: Distribution of the selected study using the keywords: "National Humanization Policy", "Hospital Care" and "Elderly".

Code	Title	Author(s)/Year	Main results
A4	Welcoming the elderly in health services: an integrative review	Silva, TN, et al. (2018)	Welcoming is seen as an important part of humanized care. In addition, it highlights the hospitality of health services to users and their families.
A5	Humanization Practices in Elderly Care	Oliveira, CR. et al. (2021)	It describes the importance of nursing care for the elderly, based on playful practices and the principles of humanization.
A6	Humanization in Health with Emphasis on Elderly Care Provided by Nursing Professionals	Silva, S.; Cardoso, A.; Linhares, OS. (2020)	It shows the importance of humanized care for elderly patients and the role of nursing professionals in this care. The nurse is the professional in front of the first care, so that such care is fundamental and makes a difference.
A7	Humanization of nursing care in elderly patients	Vieira, PF. and Almeida, MAR. (2020)	It denotes that one of the roles of nursing in the face of humanized care for the elderly should be the execution of attitudes that aim to support and treat this client in a particular way, valuing him, not only focusing on the disease, but covering it in an integral, holistic and humane way.
A8	Hospitalized Elderly: focus on the humanization of nursing care	Silva, FSA. et al. (2022)	Humanization in the care of hospitalized elderly is a theme that is still little discussed in the academic and sociopolitical spheres, privileged spaces for the construction of intervention proposals can, in the medium and long term, attenuate the incidences of this social problem.

Source: The author, 2022.

HOSPITAL HOSPITALITY AND ITS POSSIBLE CONTRIBUTIONS TO HUMANIZED CARE FOR THE ELDERLY

Figure 3: Flowchart for the selection of publications in thematic axis 3.

IDENTIFICATION

Records found in the database (n = 372):
VHL: n 298
PubMed: n = 1
CAPES Portal: n = 32
Google Scholar: n = 41

SCREENING

Filters used: full text; Portuguese, English and Spanish; publication in the last 10 years years 2012-2022 (n = 192):
BVS: 158
PubMed: 1
CAPES Portal: 13
Google Scholar: 20

Articles removed due to duplication. n = 2

ELIGIBILITY

Articles with potential for inclusion (n = 32):
BVS: 20
PubMed: 1
CAPES Portal: 6
Google Scholar: 5

Studies excluded for not meeting the inclusion criteria. n = 30

INCLUSION

Articles included (n = 2):
BVS: 0
PubMed: 0
CAPES Portal: 0
Google Scholar: 2

Source: The author, 2022.

The selected studies were distributed according to title, author and year, objective(s) and main results, as shown in Table 3 below:

Chart 3: Distribution of the selected study using the descriptors: "Humanization of Care", "Hospitality", "Hospital Hospitality" and "Elderly".

Code	Title	Author(s)/Year	Main results
A9	The Elderly and the Humanization of the Hospital Environment: Contributions to Nursing	Marins, AMF. e Slob, EMGB. (2019).	The main elements that move the gear of humanized care for the hospitalized elderly are: relational technology, welcoming, and empathy.
A10	Hospital Hospitality for the Elderly	Silva, D.G. et al. (2019)	Humanization strategies aimed at hospital hospitality in the care of elderly patients, contributing to the stay and recovery.

Source: The author, 2022.

DISCUSSION

Corresponding to the literature search, the studies found categorized into three distinct axes remain on the agenda for discussion, **Axis 1** - articles: **A1, A2 and A3**; **Axis 2** - articles: **A4, A5, A6, A7 and A8** and **Axis 3 -** articles **A9 and A10**, to be presented below. It is worth mentioning that this construction allows us to understand emphatically the gaps in health care in relation to the care of the hospitalized elderly in a solidified way, in order to provide a product directed between humanization and hospital hospitality for this public.

AXIS 1: THE HUMANIZATION OF CARE IN THE CARE OF THE HOSPITALIZED ELDERLY, FROM THE PERSPECTIVE OF NURSING

The findings of this axis pointed out aspects that enable qualified and humanized care for hospitalized elderly people, from the nursing perspective, among which communication , welcoming, individualized care planning to the needs/specificities of the user, respect for the identity of the elderly person stand out. As well, investment in didactic content on the theme within the nursing education process and for those who already work in the professional scenario, permanent education as a fundamental point.

According to Morais et al. (2009), in order to provide humanized care in the hospital context, it is necessary to have technical competence, sensitization to understand the client in his personal and subjective experience, to satisfy his essential needs - based on his speech and, above all, to preserve his autonomy. This care format becomes a concern for health professionals, especially in relation to elderly clients, due to the unique conditions they present. Thus, rescuing humanity in health care for hospitalized elderly people is the first step towards approaching the qualified care that is intended to be offered.

In A1, the authors point to welcoming and attention as the main strategy for humanizing the care of the hospitalized elderly: "The nurses highlighted the relevance of welcoming through the

promotion of comfort, support and attention, respecting the specificities (biological, psychological and psychosocial changes) and autonomy of the hospitalized elderly." (DIAS et al, 2015, p.1835).

Furthermore, in A1, the ethics within this process are addressed throughout the work, which makes it essential that the nursing professional: "superimpose good communication with the patient, to the detriment of their own individual values and beliefs" (Dias et al, 2015, p.1835). So that from this, barriers are provided with opportunities, and thus, a high level in the process of communication and understanding of the other.

For Morais et al (2009, p.324), "the dialogical interaction between the caregiver and the person being cared for presents itself as a possibility for the construction of humanized care practices". Therefore, communication becomes inseparable from the humanization of nursing care, only from this is it possible to know the emerging demands of the user and the discomforts caused by the illness process, as well as hospitalization. It is worth mentioning that this moment highlights the vulnerabilities of these individuals, which generate worries, anxiety, high stress, which makes the bond paths of approximation and warmth.

The findings in A1 and A2 denote the importance of respecting the identity of the elderly person, who is not lost when entering a health institution and when seen in an assertive, autonomous way, the dialogue is carried out eye to eye. By analogy, in addition to their identity, their desires, beliefs, sexuality, affections also need to be made visible. Rocha et al (2011), bring to light that communication within the care process, in its expanded sense, privileges the client through a relationship that is therapeutic, understood as an interactive and personalized process. Encompassing empathy, understanding, expressions such as priority to the elderly, respect, attention and active listening, which makes the holistic view the basis for humanized care.

Regarding the planning of care for the hospitalized elderly, it was found that it helps in the nurse's decision-making, in A1, welcoming is translated into actions, and that: "to be of quality, they cannot do without care planning, that is, the scientific methodology of Nursing, which is the Systematization of Nursing Care (NCS)". (DIAS et al, 2015, p.1839)

Studies A1 and A3 address that developing empathetic communication is not an easy process, due to the fact that people have different performance, affinities and characteristics when communicating. Communication is "a skill in which discipline is required from the professional and requires a change of focus and attitude. [...] moving from doing to listening, perceiving, understanding and identifying needs and only then planning care actions". (Dias et al, 2015, p.1844)

For the same reason, Gholamzadeh, et al (2018) highlight that:

> "Empathy is a teachable skill and policymakers in nursing education institutions are recommended to use the results of the present study and incorporate empathy skills training into undergraduate nursing education. This can serve to achieve two goals; reinforcing

students' empathy towards older people and improving their attitudes towards older adults" (Gholamzadeh, et al, 2018, p.6).

In common, the three studies: A1, A2 and A3 point out as a strategy regarding the care of the elderly, that health professionals, a priori of Nursing - who are responsible for most of the time of care for the user, the process in professional training in the gerontological area, should contain proposals to face the gaps in care discussions within this area of knowledge, as well as in society in an assertive way.

AXIS 2: THE CONTRIBUTION OF THE NATIONAL HUMANIZATION POLICY TO HOSPITALITY IN THE CARE OF THE HOSPITALIZED ELDERLY

In this axis, the studies found dialogue about the aspects that permeate the humanization of care, the context in which the PNH was created, as well as the National Health Policy for the Elderly (PNSPI) necessary to guarantee the rights of this public. In addition, they point to nursing as the main promoter of the humanization of care, even though it is a multiprofessional challenge in the hospital environment.

Studies A4, A5 and A7 reveal that the focus on user embracement in health services, especially in relation to the elderly, has been awakened in recent decades, especially by the formulation of the PNH, in 2003. One of the main axes of the PNH is: welcoming. In which health actions constituted humanization exposes a way of caring, understanding, approaching, feeling and respecting the client in an integral way (ALVES, 2017).

In corroboration, study A8, in order to direct a new path for the practice of humanized care, some aspects stand out, among them, the professional, biological, social, cultural and spiritual aspects, which together promote humanized nursing care, according to the parameters of the PNH. (ANACLETO, CECCHETTO AND RIEGEL, 2020)

While article A6 understands within this scenario, the importance of the existence of the PNSPI – which, by establishing collective and individual health measures for the elderly population, in line with the principles and guidelines of the SUS: "aims to promote the recovery, autonomy and independence of the elderly. It underpins the action of the health sector in comprehensive care for the elderly and aging population." (SILVA, CARDOSO AND LINHARES, 2020, p.3)

Regarding the challenges of implementing humanized hospital care, defended in public policies, welcoming is still a challenge that comes up against the conformation of the hospital environment. In A4, we have to:

> "In the hospital environment, the historical development of the institution itself generated the technical-scientific and economic paradigm at the service of the human being, opposing humanized reception where the professional acts respecting the citizenship of users by providing them with dignity" (Silva, et al. 2018, p. 296).

The structuring of the work process within the hospital context brings to light contours that must be made to achieve the humanization of care. This implies facing an existing biomedical model, in which care is centered on the individual and not on the diseases, an individual who should have his or her integrality respected and valued. Study A6 points out that in those services where there is greater technological availability, such as Intensive Care Units, the nursing professional is constantly faced with the difficult work of harmonizing technologies and closer interaction with the patient. The overlapping of hard technologies can thus impact the construction of the space of humanized care (SILVA, CARDOSO AND LINHARES, 2020).

AXIS 3: HOSPITAL HOSPITALITY AND ITS POSSIBLE CONTRIBUTIONS TO HUMANIZED CARE FOR THE ELDERLY

In this axis, the studies found address relational technology, welcoming, empathetic treatment and holistic strategic actions of care and team awareness, such as the one that has been developed to bring hospital hospitality closer together. Although little discussed in scientific publications linked to the health of the elderly, hospital hospitality is an important component for the transformation of humanized care. The hotel industry sometimes permeates managerial actions, impacting the care sector, but without evidencing the relationship with this concept that is so positive for the performance of therapeutic care.

Articles A9 and A10 express that the hotel industry adapted to the hospital environment contributes to humanization, hospitality, customer reception and awareness of health professionals. "For this, it is necessary that hospital hospitality is recognized as an important and integral element of the health work process, even though it is still in transformation and development" (Marins and Slob, 2019).

Silva et al. (2019), aponta que:

> "In the means of accommodation, for a place to be considered hospitable, it is necessary that the manager, together with all employees, knows the needs and desires of guests and seeks to meet these issues in the most satisfactory way possible. In the case of hospital hospitality, the same principle must be followed aiming at emotional comfort, which makes the patient and their families feel welcome, with a comfortable and cozy place as far as possible, in a joint effort to offer the best for the client, both in intangible and tangible aspects" (Silva et al. 2019, p.3).

According to Guimarães (2007), hospital hospitality has grown in the country, in proportion to the fact that hospital institutions start to have, in addition to preventive, curative and therapeutic functions for the health of the community, the function of welcoming, providing comfort and well-being to the client. The services begin to adapt to environments similar to the structure of a hotel, composed of different types of services, with the objective of ensuring quality, efficiency, effectiveness and problem-solving capacity of customer service in health.

From this perspective, the "patient" is seen as a client, who has rights to be respected, no longer a passive body, and it is also up to him to understand the health information and procedures to be performed, including refusing procedures inherent to his treatment (Almeida, 2009). This fact denotes the importance of the expanded clinic that directs the user to co-responsibility for his therapeutic process.

CONCLUSION

Certainly, the realization of this integrative research evidences the importance of treating the humanization of care based on hospital hospitality, from the perspective of the health of the elderly, allied to the process of training in health and nursing.

The findings found make it possible to broaden new discussions on the theme, in addition to reaffirming its importance for care and care in gerontological nursing, contextualized from the pillars of humanization in hospital services.

It is up to nurses, during clinical practice in the gerontological area, to deepen their knowledge about the aging process, to expand the problem-solving aspect and critical thinking, in order to promote comprehensive care, in a humanized way, during the hospitalization process of the elderly.

In addition, this research generates data for the improvement and qualification of care with regard to the management of the work and care process in tertiary health care, in accordance with what is recommended by the WHO, with regard to the planning of the Decade of Healthy Aging (2020-2030), and also with the National Agenda of Health Research Priorities.

Although this study can point out important thematic excerpts for the deepening of the theme in question, there are limitations such as: scarcity of articles in the scientific literature on health, on the central theme: "Hospital Hospitality and the Humanization of Health Care for the Elderly", as well as the absence of terms related to Hospital Hospitality in the form of Health Sciences Descriptor.

REFERENCES

1. Almeida, M. N. B. C. (2009). *Hotelaria hospitalar: Cultura e hospitalidade no atendimento a idosos* (Monografia de Especialização). Universidade de Brasília, Centro de Excelência em Turismo. Disponível em: https://bdm.unb.br/bitstream/10483/1126/1/2009_MariaNathaliaBritoCoelhoAlmeida.pdf. Acesso em: 28 de novembro de 2022.

2. Anacleto, G., Cecchetto, F. H., & Riegel, F. (2020). Cuidado de enfermagem humanizado ao paciente oncológico: Revisão integrativa. *Revista Enfermagem Contemporânea, 9*(2), 246-254. Disponível em: http://dx.doi.org/10.17267/2317-3378rec.v9i2.2737. Acesso em: 25 de novembro de 2022.

3. Barreto, M. L., et al. (2011). Successes and failures in the control of infectious diseases in Brazil: Social and environmental context, policies, interventions, and research needs. *The Lancet, 377*(9780), 1877-1889. Disponível em: https://doi.org/10.1016/S0140-6736(11)60202-X. Acesso em: 20 de novembro de 2022.

4. Baztán, J. J. (2008). Mejorando la hospitalidad del hospital en el paciente anciano con afección aguda. *Revista Española de Geriatría y Gerontología, 43*(3), 129-130. Disponível em: https://doi.org/10.1016/S0211-139X(08)71170-3. Acesso em: 20 de novembro de 2022.

5. Berbel, N. A. N. (2011). As metodologias ativas e a promoção da autonomia de estudantes. *Semana: Ciências Sociais e Humanas, 32*(1), 25-40.

6. Boeger, M. (2003). *Hotelaria hospitalar: Gestão em hospitalidade e humanização*. Atlas.

7. Boeger, M., et al. (2011). *Hotelaria hospitalar - Manuais de especialização Albert Einstein*. Manole.

8. Brasil. (2006). *Política Nacional de Saúde da Pessoa Idosa: Portaria nº 2.528, de 19 de outubro de 2006*.

9. Brasil, Ministério da Saúde. Secretaria de Assistência à Saúde. (2001). *Programa Nacional de Humanização da Assistência Hospitalar*. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/pnhah01.pdf. Acesso em: 20 de junho de 2022.

10. Brasil, Ministério da Saúde. Secretaria de Atenção à Saúde. (2013). *Política Nacional de Humanização: HumanizaSUS* (1a ed., 1a reimpressão). Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_humanizacao_pnh_folheto.pdf. Acesso em: 20 de junho de 2022.

11. Costa, O. D. K. C., et al. (2015). Estratégias para humanizar o cuidado com o idoso hospitalizado: Estudo com enfermeiros assistenciais. *Revista de Pesquisa Cuidado é Fundamental Online, 7*(1), 1832-1846. Disponível em: https://www.redalyc.org/articulo.oa?id=505750945008. Acesso em: 10 de outubro de 2022.

12. Costa, S. C., et al. (2009). Humanização em Unidade de Terapia Intensiva Adulto (UTI): Compreensões da equipe de enfermagem. *Interface - Comunicação, Saúde, Educação, 13*(suppl 1), 571-580. Disponível em: https://doi.org/10.1590/S1414-32832009000500009. Acesso em: 01 de dezembro de 2022.

13. Dias, M. A. A. (2006). Humanização do espaço hospitalar: Uma responsabilidade compartilhada. *Revista O Mundo da Saúde, 30*(2), 340-343.

14. Freitas, F. D. S., Silva, R. N., Araújo, F. P., & Ferreira, M. A. (2013). Ambiente e humanização: Retomada do discurso de Nightingale na política nacional de humanização. *Escola Anna Nery, 17*(4), 654-660. Disponível em: http://www.scielo.br/pdf/ean/v17n4/1414-8145-ean-17-04-0654.pdf. Acesso em: 28 de novembro de 2022.

15. Freitas, V. P., & Aparecida, R. A. M. (2020). Humanização da assistência de enfermagem em pacientes idosos. *Revista de Iniciação Científica e Extensão, 3*(1), 371-378. Disponível em: https://revistasfacesa.senaaires.com.br/index.php/iniciacao-cientifica/article/view/294. Acesso em: 20 de novembro de 2022.

16. Gholamzadeh, S., et al. (2018). The effects of empathy skills training on nursing students' empathy and attitudes toward elderly people. *BMC Medical Education, 18*, 198. Disponível em: https://doi.org/10.1186/s12909-018-1297-9. Acesso em: 10 de outubro de 2022.

17. Guimarães, N. V. (2007). *Hotelaria hospitalar: Uma visão interdisciplinar*. Atheneu.

18. Marins, A. M. F., & Slob, E. M. G. B. (2011). O idoso e a humanização do ambiente hospitalar: Contribuições para a enfermagem. *Revista Saúde e Desenvolvimento, 12*(13), 176.

19. Medeiros, A. B. A., Enders, B. C., & Lira, A. L. B. C. (2015). Teoria ambientalista de Florence Nightingale: Uma análise crítica. *Escola Anna Nery, 19*(3), 518-524. Disponível em: https://doi.org/10.5935/1414-8145.20150069. Acesso em: 28 de novembro de 2022.

20. Ministério da Saúde. Secretaria de Atenção à Saúde. Núcleo Técnico da Política Nacional de Humanização. (2006). *HumanizaSUS: Documento base para gestores e trabalhadores do SUS* (3a ed.). Ministério da Saúde.

21. Miranda, G. M. D., Mendes, A. C. G., & Silva, A. L. A. (2016). Population aging in Brazil: Current and future social challenges and consequences. *Revista Brasileira de Geriatria e Gerontologia, 19*(0), 507-519. Disponível em: https://doi.org/10.1590/1809-98232016019.150140. Acesso em: 09 de junho de 2022.

22. Moraes, A. M. M., Barros, A. C. S., & Cardoso, A. V. O. (2017). Importância da assistência de enfermagem humanizada [Tese de graduação]. Faculdade de Ciência e Tecnologia do Maranhão (FACEMA).

23. Morais, G. S. N., et al. (2009). Comunicação como instrumento básico no cuidar humanizado em enfermagem ao paciente hospitalizado. *Acta Paulista de Enfermagem, 22*(3), 323-327. Disponível em: https://doi.org/10.1590/S0103-21002009000300014. Acesso em: 10 de outubro de 2022.

24. Moreschi, C., et al. (2011). Homenagem a Florence Nightingale e compromisso com a sustentabilidade ambiental. *Revista Baiana de Enfermagem, 25*(2), 203-208. Disponível em: http://www.portalseer.ufba.br/index.php/enfermagem/article/view/5260/4477. Acesso em: 28 de novembro de 2022.

25. Oliveira, C. R., et al. (2021). Prática de humanização na assistência ao idoso. *Revista Saúde em Foco – Edição nº 13*, 637-648. Disponível em: https://portal.unisepe.com.br/unifia/wp-content/uploads/sites/10001/2021/12/PR%C3%81TICAS-DE-

HUMANIZA%C3%87%C3%83O-NA-ASSIST%C3%8ANCIA-AO-IDOSO-p%C3%A1g-637-%C3%A4-648.pdf. Acesso em: 20 de novembro de 2022.

26. Oliveira, A. S. (2019). Transição demográfica, transição epidemiológica e envelhecimento populacional no Brasil. *Hygeia - Revista Brasileira de Geografia Médica e da Saúde, 15*(31), 69-79. Disponível em: http://dx.doi.org/10.14393/Hygeia153248614. Acesso em: 20 de setembro de 2022.

27. Organização Mundial da Saúde – OMS. (2020). *Década do Envelhecimento Saudável (2020-2030)*. Organização Pan-Americana da Saúde.

28. Organização Pan-Americana de Saúde (OPAS). Brasil. (2018). *Folha informativa: Envelhecimento e saúde* (Atualizada em fevereiro de 2018). Disponível em: https://www.paho.org/bra/index.php?option=com_content&view=article&id=5661:folha-infomativa-envelhecimento-esaude&Itemid=820. Acesso em: 20 de setembro de 2022.

29. Rocha, F. C. V., et al. (2011). O cuidado do enfermeiro ao idoso na estratégia saúde da família. *Revista de Enfermagem UERJ, 19*(2), 186-191. Disponível em: https://www.facenf.uerj.br/v19n2/v19n2a03.pdf. Acesso em: 20 de setembro de 2022.

30. Sanguino, G. Z., Previato, G. F., Silva, A. F., et al. (2018). O trabalho de enfermagem no cuidado ao idoso hospitalizado: Limites e particularidades. *Revista Fundamento Care Online, 10*(1), 160-166. Disponível em: http://dx.doi.org/10.9789/2175-5361.2018.v10i1.160-166. Acesso em: 10 de outubro de 2022.

31. Silva, T. N., et al. (2018). Acolhimento à pessoa idosa nos serviços de saúde: Uma revisão integrativa. *Revista de Pesquisa Cuidado é Fundamental Online, 10*(Especial), 295-298. Disponível em: http://seer.unirio.br/cuidadofundamental/article/view/7677. Acesso em: 20 de novembro de 2022.

32. Silva, S., Cardoso, A., & Linhares, O. S. (2020). Humanização na saúde com ênfase no atendimento ao idoso prestado pelos profissionais de enfermagem. *Revista Saúde Multidisciplinar, 7*(1). Disponível em: http://revistas.famp.edu.br/revistasaudemultidisciplinar/article/view/100. Acesso em: 28 de novembro de 2022.

33. Silva, F. S. A., et al. (2022). Hospitalized elderly: Focus on the humanization of nursing care. *Research, Society and Development, 11*(13), e156111334627. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/34627. Acesso em: 20 de novembro de 2022.

34. Silva, D. G., et al. (2019). Hotelaria hospitalar para idosos. In *Anais do VI Congresso Internacional do Envelhecimento Humano*. Campina Grande: Realize Editora. Disponível em: https://editorarealize.com.br/artigo/visualizar/53670. Acesso em: 28 de novembro de 2022.

35. Simões, A. L. A., et al. (2007). Humanização na saúde: Enfoque na atenção primária. *Texto & Contexto Enfermagem, 16*(3), 439-444. Disponível em: https://www.scielo.br/j/tce/a/xVnWz6LgBP73Kmkdv8G4MVQ/. Acesso em: 12 de outubro de 2022.

36. Santos, C. H. S., & Junior, G. D. R. (2009). Hotelaria hospitalar: Um modelo para implantação. *Competência – Revista da Educação Superior do Senac-RS, 2*(2). Disponível em: https://dx.doi.org/10.24936/2177-4986.v2n2.2009.100. Acesso em: 28 de novembro de 2022.

37. World Health Organization. (2002). *Active ageing: A policy framework*. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002.