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Humanization in urgent and emergency services: contributions to nursing care

Humanização nos serviços de urgência e emergência: contribuições para o cuidado de enfermagem

Humanización en los servicios de urgencia y emergencia: contribuciones para el cuidado en enfermería

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RESUMO

Objetivo: Analisar as evidências das pesquisas desenvolvidas sobre a humanização no atendimento de urgência e emergência, tendo em vista suas contribuições para o cuidado de enfermagem.

Métodos: Revisão integrativa nas bases de dados LILACS, CINAHL, SciELO, *Web os Science*, SCOPUS e BDENF, utilizando os descritores: humanização da assistência, urgências, emergências, serviços médicos de emergências e enfermagem.

Resultados: A busca resultou em um total de 133 publicações, sendo 17 incluídas no escopo desta revisão. A análise possibilitou a elaboração das unidades de evidência: 'Acolhimento com classificação de risco: dispositivo com bons resultados' e 'Barreiras e dificuldades para a utilização das diretrizes da Política Nacional de Humanização'.

Conclusão: O Acolhimento com Classificação de Risco foi evidenciado como principal dispositivo para a efetiva operacionalização da Política Nacional de Humanização e existem

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barreiras para sua efetivação relacionadas à organização das redes de atenção à saúde, problemas estruturais e ao trabalho multiprofissional.
Palavras-chave: Enfermagem. Emergências. Serviços médicos de emergências. Humanização da Assistência.

ABSTRACT
Objective: To analyze the evidence of researches carried out on humanization in urgent and emergency care, considering their contributions to nursing care.
Methods: Integrative review of LILACS, CINAHL, SciELO, Web of Science, SCOPUS, and BDENF databases, using the keywords: humanization of care, urgencies, emergencies, emergency medical services, and nursing.
Results: The search resulted in a total of 133 publications, of which 17 were included in the scope of this review. The analysis enabled the elaboration of the evidence units: 'Reception with Risk Classification: a device with good results' and 'Barriers and difficulties to use the guidelines of the National Humanization Policy'.
Conclusion: The Reception with Risk Classification was evidenced as the main device for the effective implementation of the National Humanization Policy and there are barriers to its effectiveness related to the organization of health care networks, structural problems, and multi-professional work.
Keywords: Nursing. Emergencies. Emergency medical services. Humanization of asistance.

RESUMEN
Objetivo: Analizar las evidencias de las investigaciones desarrolladas sobre la humanización en la atención de urgencia y emergencia, teniendo en cuenta sus contribuciones en el cuidado de enfermería.
Métodos: Revisión integradora con búsqueda en bases de datos LILACS, CINAHL, SciELO, Web of Science, SCOPUS y BDENF, utilizando descriptores: humanización de la asistencia, urgencias, emergencias, servicios médicos de emergencias y enfermería.
Resultados: La búsqueda resultó en un total de 133 publicaciones, siendo 17 incluidas en el alcance de esta revisión. El análisis posibilitó la elaboración de unidades de evidencia: 'Acogida con clasificación de riesgo: dispositivo con buenos resultados' y 'Barreras y dificultades para la utilización de las directrices de la Política Nacional de Humanización'.
Conclusión: El Acogimiento con Clasificación de Riesgo fue evidenciado como principal dispositivo para una efectiva operacionalización de la Política Nacional de Humanización y existen barreras para su efectividad relacionadas con la organización de las redes de atención a la salud, con los problemas estructurales y el trabajo multiprofesional.
Palabras clave: Enfermería. Urgencias médicas. Servicios médicos de emergencias. Humanización de la atención.

INTRODUCTION

At the beginning of the 21st century, the Ministry of Health (MS – "Ministério da Saúde", in Portuguese language) launched the National Program for the Humanization of Hospital Care (PNHAH – "Programa Nacional de Humanização da Assistência Hospitalar", in Portuguese language), which led in 2003 to the creation of the National Humanization Policy (PNH – "Política Nacional de Humanização", in Portuguese language) –

HumanizaSUS – guiding the management and care practices, having as main foundation the participation and co-responsibility of the individuals involved in the several health work processes[1]. According to the PNH, humanization encompasses the different players of the health production process – users, workers, and managers – guided by values such as: autonomy, prominence, co-responsibility, solidarity bond, and collective participation in the management process[2].

PNH is a transversal public policy that addresses the health work process as a whole, encompassing care and management, ensuring the prominence of individuals and groups, going through the provision of services and care technologies, and the creation of safe and harmonious environments offering comfort and well-being to the users[3].

For this, it is necessary to train professionals with the necessary skills to meet the demands required by the services. In urgent and emergency units, specific knowledge, skills, and attitudes are emphasized in order to provide individualized, dignified, and humanized assistance to those who seek this type of care, which, in the case of humanization, includes reception, communication, dialogue, resolution, respect, and listening[4].

Urgent and emergency services (SUE) are essential in health care and are considered public services in the Unified Health System (SUS – "Sistema Único de Saúde", in Portuguese language). However, there are service overloads due to countless factors, such as: excessive demand, problems in the structure of health care networks, shortage and misalignment in human resource planning, lack of material resources, violence, and traffic accidents[5-6]. Inadequacy in the human resource planning in this type of service compromises the quality of the care[7].

The SUE units are intended for the care of patients with acute and high severity problems, ensuring prompt and immediate assistance when the risk of death is imminent, requiring trained teams. However, it is possible to note that the population seeks SUE without necessarily having urgent aggravations, contributing to the overload of such services[8].

In this sense, the PNH devices, such as the Reception with Risk Classification (ACR – Acolhimento com Classificação de Risco, in Portuguese language), should be considered for better work organization and clinical effectiveness[8]. The risk classification provides humanization in the care and work of the multidisciplinary team, as it speeds up the care through prior evaluation, enabling the professional to safely select the priorities centered on the needs of the users according to the level of clinical complexity[9].

A study carried out in the emergency department of a public hospital concluded that the nurse is one of the main players of the ACR, with important confrontations in the daily work process due to complex management structural problems that surpass his/her power of resolution and governability[10].

The work process in the SUE is dynamic and heterogeneous, involving actions that may compromise the integrity and health of the professionals, contributing to increased exposure to occupational risks, which compromises both the professional and the quality of care[11]. Unfavorable work conditions, work overload, and lack of resources are factors present in the daily life of nurses in the SUE. There is also inadequate staff planning, submission of the professional to health risks, direct and constant contact with the patient and his/her family members, and mental and physical illness that, together, can result in insensitive professionals, treating impersonally and depersonalizing the patients, sometimes characterizing dehumanized care[12].

Considering the relevance of this topic, it is necessary to know the studies related to the subject. Therefore, it is inquired: what is the scientific knowledge produced regarding the interfaces between the National Humanization Policy and the nursing care in the urgent and emergency services? The purpose of this research is to support the reflection on the nursing care provided in the SUE, and thus to promote strategies for the creation of a humanized environment.

The objective of this study was to analyze the evidence of the researches carried out about humanization in urgent and emergency care, considering their contributions to nursing care.

METHOD

It is an integrative literature review, a method that enables to criticize and synthesize the knowledge orderly and systematically produced, with the purpose of generating a consistent and significant whole by means of findings from diverse and representative studies on a given theme. It uses publications with different methodological characteristics, however without going against the epistemological profile of the empirical studies researched, contributing to the advancement of science as it enables the gaps to be filled in order to deepen the theme[13].

The phases applied were: formulation of the study question, establishment of the criteria for sample selection and search in the literature, definition of the information to be extracted

from the selected studies, evaluation of the studies included in the review, interpretation of the results, and presentation of the review[14].

The inclusion criteria were: full papers, published between January 2000, when it was elaborated by MS or PNHAH, and July 2017, without language restrictions. The review studies, dissertations, theses, editorials, letters to the editor, experience reports, summaries of events, and repeated studies were excluded.

The databases consulted were: Latin American and Caribbean Health Sciences Literature (LILACS), *Cumulative Index of Nursing and Allied Health Literature* (CINAHL), *Scientific Electronic Library Online* (SciELO), *Web of Science* (WOS), SCOPUS, and Nursing Databases (BDENF – "Bases de Dados de Enfermagem", in Portuguese language), with consultation with the Health Science Descriptors (DeCS – "Descritores em Ciências da Saúde", in Portuguese language) and the *Medical Subject Headings* (MeSH). The following controlled descriptors were used (in Portuguese and English): "Humanization of care", "urgency", "emergency", "emergency medical services", and "nursing". The Boolean operator *and* was used to combine the descriptors. The survey was conducted in July 2017.

The Technical Reading Model (MLT – "Modelo de Leitura Técnica", in Portuguese language) was used to extract the data, which purpose is to systematize the conceptual analysis of documents aiming at the identification of representative terms in the entire content. The MLT is theoretically based on a method of reviewing papers in the biological field[15] and methodologically based on the model proposed in Standard 12.676 by the Brazilian Association of Technical Standards, which addresses the rules for examining documents, determining their subjects, and selecting terms for indexing[16].

The MLT is represented by an algorithm composed of five columns that enabled the extraction of elements for analysis of the results. In the first column, there is the set of key thematic categories (CAFTE – "conjunto de categorias fundamentais temáticas", in Portuguese language), namely: theme, empirical object, scope, setting, type of research, data collection, methods, theoretical foundation, historical/contextual foundation, and main results. In the second column there are questions related to the concepts presented in the CAFTE. In the third column the parts of the document with answers to the questions are listed. In the fourth column, the answers to each question are inserted. Finally, in the fifth column, the representative terms for extracting the information from the documents are indicated[16].

The final synthesis was descriptively, considering the representative terms of the integrative literature review sample, the convergent ideas between the authors, subsequently

grouped, enabled the categorization of the results and their discussion in two units of evidence: *Reception with Risk Classification: a device with good results;* and *Barriers and difficulties to use the guidelines of the PNH*. The analysis was performed in light of the precepts of the PNH and the ethical principles of respect for the authorship of scientific works were applied.

RESULTS

The initial search resulted in 50 studies in the LILACS database, none in CINAHL, 17 in SciELO, two in the Web of Science, one in SCOPUS, and 63 in BDENF, totaling 133 publications, according to Chart 1.

Descriptors	LILACS	CINAHL	SciELO	WOS	SCOPUS	BDENF
"humanization of care" and "urgencies" and "nursing"	19	00	07	00	01	24
"humanization of care" and "emergencies" and "nursing"	23	00	08	01	00	28
"humanization of care" and "emergency medical services" and "nursing"	08	00	02	01	00	11
Total	**50**	**00**	**17**	**02**	**01**	**63**

Chart 1 – Systematization of the electronic search in databases
Source: Research data, 2017.

Next, the selection process was carried out, considering, at first, as potentially eligible the studies which titles reported focusing on the humanization of nursing care in urgent and emergency units. 51 publications not related to the subject were excluded, six of them because they were literature reviews and two because they were experience reports. 74 publications were elected at this stage. Of this total, 40 publications were found twice in the databases, and were considered only once. Then 34 publications remained for the reading of the abstracts. 17 studies were excluded because they did not answer to the research question and/or the objective of the integrative literature review after reading the abstracts, and finally 17 studies were selected, 13 of which were in the LILACS database and four in the BDENF database,

which were included in the sample of this review. The selection process of the publications was carried out by two proofreaders (Figure 1).

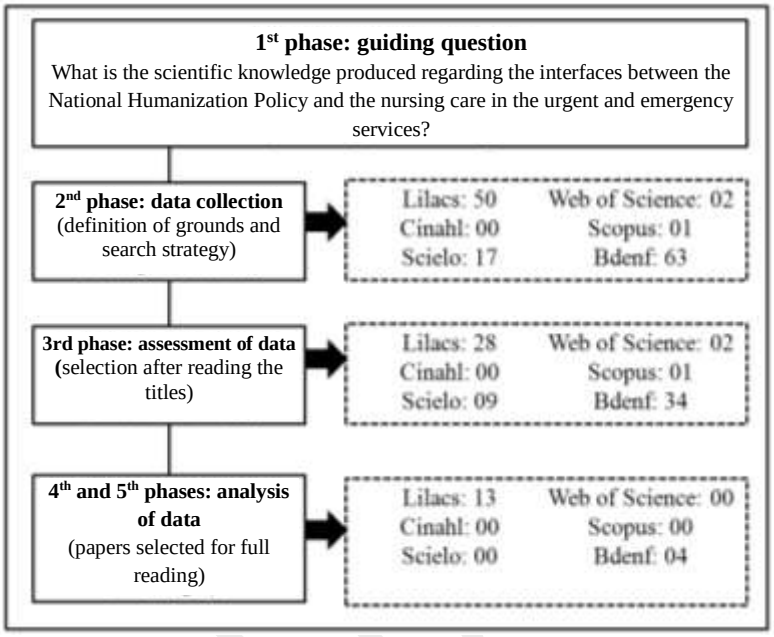

Figure 1 – Logistics of the integrative literature review
Source: Authors

Table 2 briefly summarizes the studies included in this integrative literature review according to the order, year, and journal, methodological outline, sample, research environment, and representative terms.

Nº	**Year Journal**	**Outline/Theoretical Reference /Sample/Environment**	**Representative Terms**
E01	2009 Cogitare Enfermagem	Qualitative/Descriptive and exploratory research/4 adult users and 3 family members / Emergency room of a hospital in Paraná	Resolution in basic care, care organization, physical structure, and high demand.
E02	2009 Revista Eletrônica de Enfermagem	Qualitative/Descriptive and exploratory research/ 10 accompanying persons/Emergence room of a hospital in Ceará	Lack of communication, high demand, physical structure, and professional commitment.
E03	2010 Revista de Enfermagem da UERJ	Qualitative/Descriptive and exploratory research/5 nurses and 5 nurse technicians/Emergence room of a public hospital in Rio Grande do Norte	Inadequate environment, human resource deficit, high demand, responsibility for the user, and work conditions.
E04	2011	Qualitative/Descriptive and exploratory	Work organization, greater

	Revista de Enfermagem da UERJ	research/3 nurses and 10 nurse technicians/Emergence service of a public hospital in Santa Catarina	security in care, high demand, lack of coordination in the network, scarce material resources.
E05	2011 Revista Eletrônica de Enfermagem	Qualitative/Descriptive and exploratory research/3 nurses and 10 nurse technicians/Emergence service of a public hospital in Santa Catarina	Faster health care, lack of physical, material, and human resources and the population's lack of knowledge regarding the protocol.
E06	2011 Revista Eletrônica de Enfermagem	Quantitative and qualitative/Descriptive and exploratory research/28,818 medical appointment records/Emergence room of a public hospital in Paraná	Multi-professional team, protocol planning, reduction in medical care, resolution of the basic care.
E07	2012 Revista Mineira de Enfermagem	Qualitative/Transversal research /45 nurses/Public hospital emergency service in Paraná	Signaling the environment, professional commitment, lack of coordination in the network, communication with users, and training.
E08	2012 Revista de Pesquisa Cuidado é Fundamental Online	Qualitative/Descriptive and exploratory research/17 healthcare practitioners/Mobile urgent care in Minas Gerais	Teamwork, respect, technical assistance, humanitarian vision, and aggression.
E09	2013 Revista de Enfermagem da UFSM	Qualitative/Descriptive and exploratory research/14 nurses/Public general hospital in Rio Grande do Norte	Appreciation of the human being, communication process, responsibility for the user, and risk rating.
E10	2013 Revista Baiana de Enfermagem	Qualitative/Descriptive and exploratory research/14 nurses/Urgency hospital in Piauí	Professional relations, effective care, worker's distress, structural difficulties, high demand, shortage of professionals and multi-professional team.
E11	2015 Revista de Enfermagem da UERJ	Qualitative/Transversal study/314 hospital workers/3 public hospital emergency services and 1 philanthropic in Paraná	Qualitative and quantitative lack of human resources, physical structure, and fragility of the referral and counter-referral system.
E12	2015 Revista Mineira de Enfermagem	Qualitative/Transversal study/314 hospital workers/3 public hospital emergency services and 1 philanthropic in Paraná	Lack of physical space, problems in the relationship of the multi-professional team, and difficulties in implementation.
E13	2015 Revista da Escola de Enfermagem da USP	Qualitative/Methodological study/10 nurses and 10 doctors/ Mobile urgency care in Rio Grande do Norte	Physical structure, material conditions, professional safety, access assurance, time/response, interpersonal relationship, multi-professional articulation.
E14	2015 Revista Brasileira de Ciências da Saúde	Qualitative/Transversal study/12 nurses/Public hospital in Alagoas	Lack of human and material resources, high demand, working hours, and individualized service.

E15	2016 Revista da Escola de Enfermagem da USP	Qualitative/Transversal study/300 users/Adult Emergency Room of a public hospital in Minas Gerais	Fast health care, trust, hospitality, ambience, communication, and information.
E16	2016 Revista Baiana de Enfermagem	Qualitative/Descriptive and exploratory research/21 nurses/Emergency care unit in Rio de Janeiro	Physical structure, lack of knowledge of the population, use of protocols, change in the logic behind the care, resolution of basic care, and lack of material resources.
E17	2016 Texto Contexto Enfermagem	Qualitative/Fourth Generation Evaluation/15 nurses, 9 users and 6 family members/Psychiatric emergency service of a general hospital in Paraná	Multidisciplinary care, empowerment and prominence of the groups involved, and participation of the nurse.

Chart 2 – Summary of the studies included in the integrative literature review
Source: Research data, 2017.

Most studies were published in 2015, corresponding to a total of four. With respect to the journal, there were ten different journals, with emphasis to the *Revista Eletrônica de Enfermagem* and the *Revista de Enfermagem da UERJ*, both contributed to the three studies. As for the regions where the studies were carried out, the majority was concentrated in the South and Northeast regions, eight and six publications, respectively. No study was carried out in the North and Midwest regions. Ten of them used the qualitative approach, and one study used the quantitative and qualitative design. There was a great variation in the participants of the study, which involved users, family members, and healthcare practitioners.

The contents that emerged from the data analysis were grouped based on the representative terms showing the good results of the ACR device and the barriers and difficulties faced with the use of the PNH guidelines.

The first evidence combined the studies in the big theme regarding ACR, considering it as a device with good results. The analysis of the good results of the ACR device was addressed through the organization of work, the fast and safe service, and the ambience of the services. Four studies analyzed described conditions related to the organization of work as positive aspects in the adoption of the PNH principles. Studies E04 and E16 show that the ACR assumes coordinated actions involving all sectors of the hospital and a multi-professional team, suggesting the nurse as a qualified professional to act as case manager, by means of the adoption of pre-established protocols inserted in the nursing consultation. Study E06 reinforces the logic of a work based on the structuring of work groups formed by multi-professional team. On the other hand, study E15 identified ACR as a light technology based

on relationships of trust, efficient communication, and information, which are important for ensuring user satisfaction.

Studies E04, E05, E06, and E15 showed that the implementation of the ACR makes the service faster and safer. These studies showed that the care, previously based on the order of arrival and today in risk parameters according to the needs of the users, has become faster, ensuring safety to the workers, as they know that the people who are on the waiting list, outside the urgent rooms, were classified by the nurse and can really wait. This action, according to study E15, can be a factor that makes the users trust and encourage them to join and keep the therapy. This study also shows that an environment that offers comfort to the user ensures better resolution and satisfaction of their needs, showing the importance to implement co-managed projects of ambience, being one of the gains of the ACR.

The second evidence brought together studies on the major theme on barriers and difficulties in using the PNH guidelines. In regard to this confrontation, the studies address issues related to the coordination of the service network, the structure, and the multi-professional team.

Six studies have reported flaws in the service network as one of the main barriers to use the PNH precepts. Studies E01, E06, and E16 show the low resolution of the basic care, which is one of the difficulties for the humanization of care, according to the PNH, since it increases the number of emergency care, revealing a need for investments in this sector. Studies E04 and E11 add that the absence of referral and counter-referral impairs the care in the ACR, causing a high demand, which results in an increase in the time/response. The studies are consistent in affirming that the guarantee of access to services is a good indicator of quality in the health care area.

Among the 13 papers showing structural problems, studies E01, E02, E03, E04, E10, E11, E12, E13, E15, and E16 demonstrated that the inadequate physical structure is an obstacle to the humanized care as it is in the environment where there is the prominence of the user, which must ensure comfort, privacy, and respect, without odors and unpleasant sounds, respecting the dignity of the person. For studies E04, E05, E13, E14, and E16, the absence of material resources interferes with meeting the needs of users, compromising the integrality and humanization of care; for this, study E07 proposes the use of signs indicating the sectors as a tool to deal with the inadequacy of the physical structure.

Regarding the multi-professional team, studies E02, E03, E07, and E09 show that professionals are authoritarian and do not listen nor provide comfort and privacy; the studies

also reinforce that co-responsibility and professional commitment are essential tools for the humanized care. Studies E05, E10, E11, and E14 add that the lack of professionals directly interferes with the quality of care, causing work overload. Study E10 also shows that the absence of humanized care may be related to the health of professionals due to high demand, scarce resources, aggressive users, poor work conditions, and work overload. Problems in the relationship of the work team were mentioned in studies E06, E08, E10, E12, E13, and E17 as obstacles to humanized care. The professionals' ignorance regarding the PNH was mentioned as a justification for the absence of humanization in the health care in study E07, which indicates the need for permanent education and constant training. Study E17 presents the nurse as a protagonist in the creation of a humanized care as he/she acts as an articulator of care dynamics; however, this action is limited considering the accumulation of activities as a result of the lack of staff planning and definition of the nursing role in the health care.

DISCUSSION

Humanization, according to the precepts of the PNH, involves the shared management as a method and device to create new ways to manage and provide health care[17]. In addition to good treatment, the humanization of care encompasses the provision of services and technologies, human and material resources, and infrastructure aimed at a safe care that ensures comfort and well-being for health service users, with their effective participation, and improving itself with the international debates on new ways of producing health[18].

Multiple factors influence the humanization in urgent and emergency services. It is possible to note that, among the PNH devices, the ACR stands out for having made the service faster, safer and fairer, through the reorganization of the care by level of complexity, providing the technologies according to the needs of the users. In addition, in this device, the nurse stands out as the protagonist of care, as the most capable to perform the duties, acting as a case manager, directing and integrating users to the health network[19-20].

Meanwhile, evidencing this professional prominence shows the possibility of contributing to nursing care, since that, in the opportunity to use one of the PNH devices while discharging his/her duties in the daily practice, the nurse can show his/her work in the dialogue with the users of the health system.

The change in the logic in the care that the ACR imposed on the entrance of the urgent and emergency services brings safety to the professionals, as it organizes the patient flow. To do so, in order to qualify health and nursing care, in particular, the nurse needs to master the

clinical knowledge and the correct referral guidelines, prioritizing those who need emergency care, reducing the risk of death and sequelae[20-22].

A study carried out with medical records showed that the ACR needs to provide an appropriate Situational Strategic Planning (PES), aiming to identify the potentialities and difficulties to thus train the professionals using goals and plans drawn. The authors identified that the disorganization of the flow, the lack of adequate physical structure for the complexity of the care, the lack of training of the professionals in urgent and emergency care, the continuity of the care in order of arrival, and a demand superior to the capacity of care were obstacles for implementation of the humanized care. Through the PES, they developed a ACR protocol together with the professionals of the area, culminating in reduced overcrowding and service time[22].

Important data were obtained in another study pointing out that the ACR implies comfort, education, respect, information, interest, and trust, conditions that increase the satisfaction of the user of the service[23].

Several factors were evidenced as barriers and difficulties for using the PNH precepts in the urgent and emergency services by the studies analyzed herein. It is known that the coordination of health care networks is flawed as a result of the low resolution of basic care and the absence of efficient referral and counter-referral mechanisms[24-25]. Basic care is the gateway to all health care networks, including the urgent and emergency care network, and is responsible for ordering, integrating, coordinating, and following all the care provided to the user.

Another disturbing factor that hinders the implementation of the PNH precepts is the inadequacy of the physical structure of hospital services. According to the PNH, the physical space is part of the hospital reception and must ensure comfort to the user[2]. Regarding this topic, a survey conducted in Milan on comfort and humanization in hospital emergency sectors showed how much the environment influences the perception of the users about the good care and its role in meeting the psychophysical and care needs of the individuals[26].

In this sense, the studies analyzed showed the following inadequate structural factors: lack of accommodation and chairs[27]; limited dimensions, without refrigeration and with an unpleasant odor[28]; lack of space to receive the accompanying person[29]; place for storage of supplies and equipment[30], and poor work conditions[31]. The mentioned papers make it possible to conclude that the arrangement of the physical space and adequacy of material and human resources are indispensable to ensure quality care and patient and employee safety.

In this integrative review, the contents of four papers reinforced the importance of the work of the multi-professional team for humanized care. It is obvious that health work is a light technology that involves the relational process, being the dialogue, the interdisciplinarity, and the articulation of knowledge primary to achieve the humanization in the urgent and emergency services[32-33]. Studies show that the nurse is the facilitator of the humanized and multidisciplinary care, undertaking the duty to manage the health actions[34-35].

Aligned with the results of this review, a survey conducted in the United States showed that the communication between the professional team and the patients generates greater satisfaction, concluding that not only better clinical care is required, but also operational efficiency and shorter and faster workflows, while being patient-centered[36]. A study carried out in Brazil corroborates such results, showing accessibility, reception and infrastructure as more relevant factors to patient satisfaction than the cure itself[37].

In Saudi Arabia, a prospective study on predictors of patient satisfaction in emergency care also concluded that a better patient-physician interaction and provision of information allow patients to have a greater understanding of their care processes[38].

In Italy, a study on patient satisfaction with nursing care in emergency services showed high rates of general satisfaction, especially with the clinical nursing care. However, the authors concluded that it is necessary to improve communication with patients informing about the emergency situations that generate the queues, as well as a greater dedication in the post-discharge care guidelines and to listen to their doubts and needs, although the time of clinical care is decreased[39].

CONCLUSION

The papers reviewed indicate the importance to incorporate the knowledge related to humanization in the health care. The ACR proved to be the most used device (guideline) among those proposed by the PNH, with good results. The lack of structural resources, aspects related to multi-professional work, and malfunction of health care networks, with little resolution of primary care and absence of a referral and counter-referral system, which leads to overcrowding in hospital emergency units, are barriers to use this device.

In the field of urgency and emergency, the nurse can assume the leading role in the implementation of PNH through case management, being responsible for ordering, directing, and integrating all areas in the care networks, being a potential qualifier of nursing care by the visibility it gives to the nurse's work.

The levels of evidence found in this review are important for reflections on care in the urgent and emergency sectors, considering the need to qualify the assistance provided in such sectors. In this sense, potentially, it also contributes to the qualification of nursing care, since it integrates the health care practices.

The results of this review, along with others found by the international surveys mentioned, show that the quality of the experience and the satisfaction with the service are good indicators of humanization and should be sought in investigations and applied in the services so that it is possible to offer the best care to the users.

The topic of humanization applied in urgent and emergency care should be broadly addressed in the nursing professional training courses, as it enables the nurse's strategic performance in the professional teams and with the users of the health services.

The limitations of the study are limited to the method and can be expanded with the descriptor "user satisfaction", so that publications in foreign countries can be found and used to enable a more extensive comparison with the surveys conducted about the PNH of Brazil.

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