

Teaching humanization in undergraduate nursing course subjects

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Abstract

Objective. To describe teaching on humanization in the subjects included in nursing curricula in São Paulo city (Brazil). **Method.** Descriptive and cross-sectional study of subjects included in the curricula of all Higher Education Institutions (HEI) accredited by the Ministry of Education (Brazil) in São Paulo City. Humanization in nursing was defined as the encounter of subjectivities in and through the care act. **Results.** Thirteen curricula were studied, totaling 588 subjects. Although 59% contained some term related to humanization, when assessing compatibility with the definition used in the study, findings showed: 3% full compatibility, 28% partial, 62% no compatibility and, in 7% of the subjects, comparison was impossible. **Conclusion.** The undergraduate nursing subjects analyzed showed ambiguous intentionality as, although the majority contained some term related to humanization, only a minority was in accordance with the concept.

Key words: humanization of assistance; education, nursing; education, higher; curriculum.

La enseñanza de la humanización en las asignaturas del pregrado en enfermería

Resumen

Objetivo. Describir la enseñanza de la humanización en las asignaturas que componen los currículos de enfermería de la ciudad de São Paulo (Brasil). **Metodología.** Estudio descriptivo transversal de las asignaturas que componen los currículos de todas las Instituciones de Enseñanza Superior (IES) acreditadas por el Ministerio de la Educación (Brasil) de la ciudad de São Paulo. Se definió humanización en enfermería como el encuentro de subjetividades en y por el acto de cuidar. **Resultados.** Se estudiaron 13 currículos que totalizaron 588 asignaturas. Aunque el 59% de de ellas presentó algún término relacionado

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con la humanización, al evaluar la compatibilidad con la definición empleada en el estudio se encontró que: un 3% era total, 28% fue parcial, ninguna en 62% y en 7% de las asignaturas fue imposible la comparación. **Conclusión.** Las asignaturas analizadas de los cursos de graduación en enfermería mostraron una intencionalidad ambigua, aunque la mayoría presentó algún término relacionado con la humanización; solo la minoría lo presentó de acuerdo con el concepto.

Palabras clave: humanización de la atención; educación en enfermería; educación superior; curriculum.

O ensino da humanização nas disciplinas dos cursos de graduação em enfermagem

Resumo

Objetivo. Descrever o ensino da humanização nas matérias que compõem os currículos de enfermagem da cidade de São Paulo (Brasil). **Metodologia.** Estudo descritivo transversal das matérias que compõem os currículos de todas as Instituições de Ensino Superior (IES) credenciadas pelo Ministério da Educação (Brasil) da cidade de São Paulo. Definiu-se humanização em enfermagem como o encontro de subjetividades no e pelo ato de cuidar. **Resultados.** Estudaram-se 13 currículos que totalizaram 588 matérias. Ainda que 59% delas apresentou algum termo relacionado com a humanização, ao avaliar a compatibilidade com a definição empregada no estudo se encontrou que: um 3% era total, 28% foi parcial, nenhuma em 62% e em 7% das matérias foi impossível a comparação. **Conclusão.** As matérias analisadas dos cursos de graduação em enfermagem mostraram uma intencionalidade ambígua, ainda que a maioria apresentou algum termo relacionado à humanização, só a minoria o apresentou de acordo com o conceito.

Palavras chave: humanización de la atención; educación en enfermería; educación superior; curriculum.

Introduction

The term humanization recurs in scientific publications on care and assistance in health, and may be related to ethics, technology, health policies, or to the relationship between the health professional and the person who seeks the health service. The first efforts to conceptualize the terms humanization and dehumanization occurred in the 1970's, being contributions of North American medical sociology.^{1,2} The first work to aim to conceptualize the terms humanization and dehumanization reports that addressing these terms is based on the premise that human beings have biological and physiological needs. Therefore, attitudes guided to satisfy these should be considered humanized, while those which may be termed dehumanized ignore them. To recognize only biological and physiological needs is inadequate to reach the human being in a

complete way. Thus, it is proposed to include the psychological needs, which include self-expression and self-respect, affection, sympathy, and social relationships.³ From the 1970's until the present day, works dedicated to the concept of humanization or dehumanization of health care have not been found. It should be noted that currently, the term humanization is used when – in addition to the valuing of care in its technical and scientific dimensions – the patients' rights⁴ are recognized and their dignity⁴, individuality,⁵ autonomy and subjectivity⁶ are respected; without forgetting the recognition of the health professional too as a human being, that is, establishing a subject/subject relationship.¹

Although some authors⁴ use the term patient, which refers to a social role, others^{5,6} use the

terms individuality and subjectivity, which refer to an individual subject. This apparent failure to differentiate between these two types of subject can interfere in the qualification of the care roles and, thus, in the presence or absence of humanization. There appears to be a consensus between the authors^{3,6} that when the topic is humanization, the central issue is the subject, the person seeking the health service, characterizing personalized care as humanized. The fact of the health professional also being considered as a subject establishes a subject-subject relationship; and the classification of the care as humanized shall depend on the quality of this relationship. Due to there being no single concept for the term humanization, in this study it is defined as the meeting between subjects in and through the act of caring, that is, the meeting of subjectivities, with emphasis that it is the live intersubjectivity from the act of care which effects the relational space.⁷

The learning space of the future health professionals places little value on course content related to the humanization of care, while technical content and that related exclusively to the human being's biological aspects is over-valued.^{8,9} Considering that content learnt during professional training influences professional attitudes, addressing the issue of humanization in nursing training should be fundamental to turning humanized attitudes into humanized acts in practice. Currently, Brazilian undergraduate nursing courses' curriculums follow the guidance in Resolution CNE/CES n. 3 of 7th November 2001, which instituted the 2001 National Curricular Guidelines for Undergraduate Nursing Courses,¹⁰ but, until the 1996 Law of Directives and Bases,¹¹ the curriculums followed models (1890, 1923, 1949, 1962, 1972 and 1994) termed the basic curriculums.

A curriculum is a selective project provided with various contents, organized sequentially, presenting a practical field and a discursive one. It is a selective and ideological project, constructed based on the cultural, social, political and administrative context into which it is inserted, and becomes reality according to the school's conditions.¹² The curriculum represents its elaborators' vision of the world

and humanity.¹³ Thus, the curriculum may take a position which is predominantly biomedical-technical, or humanist,¹⁴ which results in differing ways of caring.¹³ Apparently the biomedical-technical curriculum seems to refer to a biologicistic curriculum. In such a case, the pedagogical projects are directed at addressing, prioritarily, the human being from the point of view of his or her biological aspects, and the techniques for intervening in this content. The humanist curriculum, on the other hand, suggests that the subject should be the focus, rather than just his or her biological body.

As selective projects, the undergraduate nursing curriculums emerged to answer social, political or economic questions. The 1994 basic curriculum stands out among Brazilian nursing courses, as it included the discipline of Philosophical Anthropology. Until that time, the only disciplines from the humanities were sociology and psychology. As Philosophical Anthropology is the understanding of the human being in its essence,¹⁵ this discipline's inclusion shows the concern held with extending knowledge of the subject being cared for. The elimination of the basic curriculums (1996) afforded the Higher Education Institutions (HEI) autonomy and freedom in selecting content for their curriculums, along with the respective course loads. The only consideration is that they shall follow the advice of the relevant General Guidelines: National Curricular Guidelines for Undergraduate Nursing Courses.¹⁰

The above document can be interpreted in various ways, as it uses terms which do not present a precise definition, and does not define them, as is the case with the humanist term present in the phrase "nurse with humanist training". In principle this may have three meanings. Firstly: a curricular plan including norms of conduct desired for care with dignity. Secondly: a curricular plan including content from the humanities. Thirdly: that it unites these two aspects and is concerned with professional training that has theoretical consistency on human issues, as it is with the means by which this content is used in routine assistential practice. The written curricular document is not the only representation of the

intentions of what is to be addressed in the future nurses' training, taking into account the importance of the experiences in the classroom and in clinical/placement teaching. However, it is permissible to suppose that it significantly influences the content to be included over the course of the nurses' training. Each HEI's ideas and principles are put into action through the disciplines' prioritized contents and through the organization of these in the curricular structure.¹² Considering this, this research's objective was to investigate the teaching of humanization in the disciplines which make up the nursing curriculums in the city of São Paulo (Brazil).

Methodology

Descriptive and cross-sectional study, analyzing documents. The study was carried out in the city of São Paulo, and the plans of all the mandatory sub-courses making up the undergraduate nursing courses' curricular programs formed the reference material. All the HEI accredited by the Brazilian Ministry of Education (MEC) up to May 2006 were selected. This data was consulted on the INEP (National Institute for Educational Studies and Research) site. The INEP site evidenced the existence of 26 HEI in the city of São Paulo offering undergraduate courses in nursing. On being contacted, two were found to have ceased providing the undergraduate course in nursing. Thus there were at the time 24 different curriculums for the nursing course. Contact was established with all HEI and 13 agreed to participate in the study (being identified by the capital letters A to M); 10 declined to participate and 1 did not reply. Of the 13 HEI participating in the investigation, one was federal, one was state, and 11 were private. The total of sub-courses analyzed was 588.

Criteria for the inclusion of the disciplines: to belong to a HEI accredited by the MEC, to be located in the city of São Paulo, to agree to participate in the study, to offer a copy of the pedagogical Project and of the teaching plans for all the sub-courses making up the course.

An instrument composed of the following items was elaborated for the collection of the data present in the disciplines' programs: name of discipline, total course load, semester in which offered, if there was a required subject or not, and type of science. After these classifications, the teaching plan was read anew in search of any terms related to humanization or the term humanization itself. When the discipline included any of the terms mentioned, it was classified as to the type of science: basic or applied. This classification was based on the teaching plans' objectives, content, total course load, and pedagogical method. Disciplines which presented knowledge about the human being (in relation to biological, psychological, spiritual and social dimensions) without offering application of this content in a specified context were classified as basic science. Those disciplines which presented the application of theoretical concepts or models in a specified context or which had practice hours were classified as Applied Science.

After this classification, the disciplines were classified again: basic science in the area of the humanities (related to psychology, ethics, anthropology, philosophy, sociology, Portuguese and English language, religion, ecology, education and administration) or not from the area of the humanities. Those classified as Applied Science were classified as nursing or non-nursing.

As the definition of humanization used in this investigation was the meeting of subjectivities, the disciplines which presented some of these contents would be those of basic science in the area of the humanities, and those able to apply these concepts in an assistential context would be those of Applied Science (Nursing). Therefore, the disciplines of basic science not in the area of humanities and of Applied Science (non-Nursing) were not considered. The others were read anew in search of any term related to humanization or the term humanization itself. The terms considered as correlates for the term humanization and which were sought in the disciplines' plans were: humanized, humanistic, humanist, humanizing, subject, right(s), duty(ies), responsibility(ies), autonomy, freedom, trust, respect, indepen-

dence, dignity, subjectivity, intersubjectivity, relation(s), interpersonal, relationship, communication, individual(ly), individuality, individualized, person(s), integral, integrated, integrality, psychosomatic, holistic, holistically, ethical, bio-psychosocial, bio-psychospiritual, recognize, assistance, assist, assistential, bio-ethics, care(s), and caring.

Disciplines which presented at least one of these terms were read again to ascertain the conceptual compatibility between the term present in the discipline's plan and the concept of humanization used in this study. When the same HEI had one or more disciplines of basic science in the area of the humanities *and* Applied Science (nursing), the link between them was analyzed, through the question of obligation (whether the Applied Science (Nursing) course had basic science in the Humanities area as a required course) and a bibliographical frame. As noted earlier, the concept of humanization used here was the meeting between subjects in and through the act of caring; the meeting of subjectivities. This definition covers four dimensions which are intended to achieve intersubjectivity: characteristics of the subject (how the subject characterizes him- or her-self), construction of the subjectivity (how this subject is composed), expression of the subjectivity (how the subject expresses him- or her-self) and meeting between subjects. This is important for establishing the discipline's degree of compatibility with this investigation's concept of humanization. These dimensions were used as indicators of compatibility with the concept of humanization, that is, the disciplines which covered all four dimensions were classified as totally compatible with the concept, those which covered from one to three of the dimensions as partially compatible, and those which covered none of the dimensions were described as having an absence of compatibility.

The data was presented taking into account the absolute frequencies (n) and the relative frequencies (%). In relation to ethical aspects, as this investigation did not involve human beings, it did not need the appraisal of the Research Ethics Committee (REC). However, to give special attention to the HEI involved, it was decided to submit the investigation to the consideration of

the University of São Paulo Nursing College's REC, which, after analyzing matters, reaffirmed the initial position.

Results

Characterization of the disciplines analyzed.

Of the 588 disciplines analyzed: 98 were basic science (53 from the area of the humanities and 45 not), 479 were Applied Science (of which 326 were Applied Science (Nursing) and 153 not) and 11 were impossible to classify. Of the disciplines of basic science in the area of the humanities and Applied Science (Nursing), 349 (59%) had one or more terms related to humanization. Table 1 presents the disciplines which had one or more terms related to humanization, by HEI and by type of science. It may be ascertained that the majority of the disciplines (88.5%) were Applied Science (Nursing).

Conceptual compatibility. In relation to conceptual compatibility, it may be observed in Table 2 that, in spite of the majority of disciplines presenting one or more terms related to humanization, these disciplines do not cover this content in a consistent way, because they present a term related to humanization without presenting the bibliographical content which would permit the term to be grounded. The majority presented absence of compatibility with the concept of humanization, with the exception of HEI H which presented the same percentage of disciplines in this classification and that of partially compatible with the concept of humanization. Only a minority (3%) presented total compatibility with the concept of humanization used in this study.

Understanding the content of humanization by the HEI. The 12 disciplines found to be completely compatible with the concept of humanization used in this study are distributed in 7 of the 13 HEI (Table 1). Only HEI A and L presented both a basic science discipline from the area of the Humanities and an applied science (nursing) which were completely compatible with the concept of humanization. In HEI A, the

disciplines were: Philosophical Anthropology (basic) and Introduction to Psychology (applied). Even with this HEI presenting one discipline of basic science in the area of the Humanities, and another in Applied Science (Nursing) which were completely compatible, the formation of the concept of humanization is made difficult for various reasons: the discipline of Applied Science was offered before that of basic science; the discipline Introduction to Psychology (applied science), directed the dimensions of the definition of humanization to situations which are specific to the process of falling ill and being cured, demonstrating a greater focus on the condition than on the subject. In addition, there was

apparently no articulation between these disciplines. HEI L presented 4 disciplines which were completely compatible with the definition of humanization, but only the disciplines Philosophy (basic science) and Philosophical Anthropology (applied science) were able to provide training for the concept of humanization and, thus, its learning. This is possible through the discipline Philosophy presenting the dimensions which make up the definition of humanization in a conceptual way, and Philosophical Anthropology directing them to a given assistential context. These 2 disciplines share a bibliographic frame, which demonstrates articulation between them. The offering of the discipline in basic science preceded that of applied science.

Table 1. Disciplines with one or more terms related to humanization, by HEI and type of science

HEI	Applied Science (Nursing)		Basic science Area of the Humanities		Total	
	n	%	n	%	n	%
A	22	91.7	2	8.3	24	100.0
B	25	92.6	3	11.1	28	100.0
C	23	92.0	2	8.0	25	100.0
D	32	88.9	4	11.1	36	100.0
E	35	87.5	5	12.5	40	100.0
F	24	85.7	4	14.3	28	100.0
G	21	87.5	1	4.2	22	100.0
H	18	94.7	1	5.3	19	100.0
I	21	91.3	2	8.7	23	100.0
J	21	91.3	2	8.7	23	100.0
K	15	83.3	3	16.7	18	100.0
L	38	79.2	10	20.8	48	100.0
M	14	93.3	1	6.7	15	100.0
Total	309	88.5	40	11.5	349	100.0

Table 2. Disciplines, in relation to conceptual compatibility with the definition of humanization

HEI	Compatibility								Total	
	Total		Partial		Absent		Impossible to compare		n	%
	n	%	n	%	n	%	n	%		
A	2	8.3	6	25.0	15	62.5	1	4.2	24	100.0
B	2	7.1	9	32.1	17	60.7	0	0.0	28	100.0
C	0	0.0	9	36.0	13	52.0	3	12.0	25	100.0
D	1	2.8	8	22.2	23	63.9	4	11.1	36	100.0
E	0	0.0	15	37.5	21	52.5	4	10.0	40	100.0
F	1	3.6	9	32.1	16	57.1	2	7.1	28	100.0
G	0	0.0	6	27.3	16	72.7	0	0.0	22	100.0
H	1	5.3	9	47.4	9	47.4	0	0.0	19	100.0
I	0	0.0	7	30.4	14	60.9	2	8.7	23	100.0
J	1	4.3	1	4.3	20	87.0	1	4.3	23	100.0
K	0	0.0	6	33.3	11	61.1	1	5.6	18	100.0
L	4	8.3	10	20.8	30	62.5	4	8.3	48	100.0
M	0	0.0	2	13.3	13	86.7	0	0.0	15	100.0
Total	12	3.4	97	27.8	218	62.5	22	6.3	349	100.0

Discussion

The fact that 59% of the disciplines presented one or more terms related to humanization reveals an intention to teach humanization. Here, it is important to differentiate between intention and determinism. Intention is the intention to do something, taking into account the obstacles which could impede the intention from becoming a possible action.¹⁶ This may be verified from the presence of terms which are not theoretically grounded; or by the presence of terms which are apparently contradictory. Determinism is the conditional connection between the facts.¹⁷ This may be verified in the curriculums by the tendencies which the laws, decrees, resolutions, public policies and directives condition on the curriculums.

Even with a determination of the social context, the intention of the people who elaborate the

curriculums in the discursive field seem to accompany it whether through the different interpretations which the elements of the social context themselves permit, or through the intention itself held by this group of people. Thus, the introduction of the contents of humanization in the curriculums of the undergraduate nursing courses is more related to the intentions of the persons who develop it in the discursive field than to the determinism of the means. Between the use of the term humanization and the changes of assistential practice, there is a long trajectory, which involves consistency, learning, and the way of using this conceptual learning in a determined factual context. The use of the term may be empty of meaning. If so, there is no learning about the concept, hindering the alteration of assistential practice. When there is consistency, there is the possibility that the learning about humanization

may occur; however, should there be no way to translate the theoretical learning into attitudes, there is also no way for changes to occur in the assistential field. In this way, it is clear that the concept on its own is not a sufficient condition to change practice, but is the foundation which is necessary for the process to start.

It was ascertained that the majority of disciplines with one or more terms related to humanization were from Applied Science (Nursing) (88.5%). This may be understood by the fact of nursing being a profession with a technical tradition, that is, possessing a body of scientific knowledge which encompasses human complexity, directed at a specified assistential practice.¹⁶

The fact that an explanation or a theory can guide practice characterizes Nursing as a technical profession. This knowing-doing based in scientific knowledge has a purpose,¹⁸ which, in the area of health, may be understood as promoting, protecting, recovering or rehabilitating people's health, as well as knowing the person in whom the health is expressed.

This knowing-doing, the technique, is defined as organized methods which rest on a corresponding scientific knowledge.¹⁶ Thus, as Nursing presents contents of biological and human sciences, it is important to develop systematized ways of applying these knowledges in specified assistential practice.

In education there is a need to present ideas and provide methods for putting them into practice,¹⁹ as ideas which are not transformed into actions are useful only for debates and comprehension; and actions which are not subordinated to ideas are emptied of meaning.

Human beings intellectual development occurs throughout life, involving various mental processes, starting in infancy and culminating with the formation of concepts in adolescence.²⁰ Concepts are mental representations, the most developed form of the intellectual process. There are two types of concepts: the routine and the scientific. Routine concepts are those which, after human beings' experiences, may be expressed through words. In scientific concepts, on the other

hand, it is the word which initiates the process of the mental representation.

When the curriculum supplies the necessary material, the development of scientific concepts overtakes the development of routine concepts.²⁰ Should sufficient content for the development of more developed scientific concepts not exist, routine concepts, and common-sense scientific concepts, are likely to predominate.

Two stages are necessary for the formation of a scientific conception of humanization to occur, according to Vygotsky's theory:²⁰ a verbal definition of humanization, and its application to a specified assistential context. In this way, the HEI which aim to provide learning about humanization as a goal, and not merely the intention of teaching the issue, would have to present both basic science disciplines from the area of the Humanities and Applied Science (Nursing), presented in a way which is completely compatible with the concept of humanization, and mutually linked. Done in such a way, the discipline of basic science in the area of humanities would define the dimensions which make up the definition of humanization, and that of Applied Science (nursing) would apply the concepts in a specified assistential context.

The 12 disciplines which are completely compatible with the concept of humanization belong to two great areas of knowledge: philosophy and psychology. Philosophy allows one to reflect on inter-human questions, where humanization may be present. It allows one to reflect on the presence of the I and the other, without one being the subject and the other, the object; and the recognition of otherness – character of what is other.²¹ Psychology contributes to the formation of the concept of humanization because it is dedicated to the study of human behavior, and is concerned with the subject, subjectivity, making individualization possible, along with personalization of care. Psychology in nursing training aims to prepare the student to provide care which goes beyond the patients' physical, psychological and social aspects, contributing to the training of the student as a subjectivity and as a professional, that is, the training of the student-nurse.²² To use terms such as patient,

student and student-nurse, in dealing with human questions demonstrates an apparent inability to differentiate between inter-human relations and social relations.

In social relations are found the social roles, which emerge from customary systems, which allow the members of a society to carry out certain acts in an automatic way, making it possible for them to concentrate on new projects and ideas. The role has as its own structure the degradation of social relations, as in carrying out actions relevant to the social roles taken on, human beings do not need to show themselves as subjects, which hinders knowledge about oneself and others, and reinforces the behaviors necessary for the roles.²³

The social role 'patient', or 'carrier of an infirmity' refers to a subject who is conformed in accordance with a sequence of signs or symptoms. In its turn, the social role 'nurse' is characterized by technical-scientific, ethical and legal actions related to such a profession. In both cases, the possibility exists of the subject identifying with their social role. Of the 12 disciplines that are completely compatible with the concept of humanization, those of Applied Science (Nursing) mentioned the meeting between social subjects and did not make clear whether they considered the nurse and the patient as individual subjects who take on social roles on relating to each other. This leads to a relationship in which the role is emphasized and the subject is impoverished. The disciplines of basic science in the area of the Humanities, in their turn, mentioned the meeting between unspecified subjects (when they presented terms such as interpersonal relationships, or relationship) or between individual subjects. The social role is part of the assistance, but this has the possibility of becoming humanized, so long as the social role is not confused with subjectivity.

Finally, what was observed in the programs of the disciplines of the undergraduate nursing courses here analyzed was an ambiguous intention, as the majority of the disciplines presented one or more terms related to humanization (59%). Of these, the minority presented it in a consistent manner (3%); and, of these, only the disciplines Philosophy and Philosophical Anthropology of the HEI L were able to provide the formation of the

scientific concept of humanization, complying with the effectiveness of formal teaching which is to modify or improve common sense concepts and, in the case in question, concepts of humanization.

Conclusion. The disciplines from the undergraduate nursing courses analyzed showed an ambiguous purpose, as the majority of the disciplines presented one or more terms related to humanization, and the minority presented it in accordance with the concept as understood by this study.

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