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REVIEW ARTICLE

Nursing care in the ICU: between technical complexity and the humanization of care

Atención de enfermería en la UCI: entre la complejidad técnica y la humanización del cuidado

Assistência de enfermagem em UTI: entre a complexidade técnica e a humanização do cuidado

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Abstract

The aim was to analyze how nursing care in Intensive Care Units balances the technical complexity of care with the principles of humanization, with the aim of promoting comprehensive care. This is an integrative literature review, in which a search was conducted across the National Library of Medicine (PubMed) and the Virtual Health Library (VHL) databases. Articles published between 2015 and 2025 were included. The final sample of this review consisted of eleven scientific articles, selected from 1,036 studies initially identified, according to the previously established inclusion criteria. Among the included articles, three were obtained from the VHL database and eight from PubMed. This integrative review allowed us to understand that nursing care in the Intensive Care Unit goes far beyond the execution of technical procedures and the use of advanced technologies.

Descriptors: Intensive Care; Nursing; Psychology; High Complexity; Intensive Unit.

Resumén

El objetivo fue analizar cómo la atención de enfermería en Unidades de Cuidados Intensivos equilibra la complejidad técnica de la atención con los principios de humanización, con el objetivo de promover la atención integral. Se trata de una revisión integradora de la literatura, en la que se realizó una búsqueda de estudios realizados en las bases de datos de la Biblioteca Nacional de Medicina (PubMed) y la Biblioteca Virtual en Salud (BVS). Se incluyeron artículos publicados entre 2015 y 2025. La muestra final de esta revisión consistió en once artículos científicos, seleccionados de 1.036 estudios inicialmente identificados, de acuerdo con los criterios de inclusión previamente establecidos. Entre los artículos incluidos, tres se obtuvieron de la base de datos de la BVS y ocho de PubMed. Esta revisión integradora nos permitió comprender que la atención de enfermería en la Unidad de Cuidados Intensivos va mucho más allá de la ejecución de procedimientos técnicos y el uso de tecnologías avanzadas.

Descriptores: Cuidados Intensivos; Enfermería; Psicología; Alta Complejidad; Unidad Intensiva.

Resumo

Objetivou-se analisar de que maneira a assistência de enfermagem em Unidades de Terapia Intensiva equilibra a complexidade técnica dos cuidados com os princípios da humanização, visando à promoção de um cuidado integral. Trata-se de uma revisão integrativa da literatura, em que foi realizada uma busca pelos estudos disponíveis nas bases de dados *National Library of Medicine* (PubMed) e Biblioteca Virtual em Saúde (BVS). Foram incluídos artigos publicados entre os anos de 2015 e 2025. A amostra final desta revisão foi constituída por onze artigos científicos, selecionados entre 1.036 estudos identificados inicialmente, conforme os critérios de inclusão previamente estabelecidos. Dentre os artigos incluídos, três foram obtidos na base de dados da BVS e oito na PubMed. A presente revisão integrativa permitiu compreender que a assistência de enfermagem em Unidade de Terapia Intensiva vai muito além da execução de procedimentos técnicos e da utilização de tecnologias avançadas.

Descritores: Cuidados Intensivos; Enfermagem; Psicologia; Alta Complexidade; Unidade Intensiva.

Introduction

The emergence of Intensive Care Units (ICUs) dates to the Crimean War (1853–1856), when Florence Nightingale, by implementing the separation of the most seriously ill patients, inaugurated practices that later formed the basis for the creation of these specialized services. At the beginning of the 20th century, the first ICUs were structured, arriving in Brazil in the 1970s, initially at the Sírio-Libanês Hospital in São Paulo, with a unit composed of ten beds intended for the care of critically ill patients, requiring continuous and specialized medical and nursing assistance[1].

Despite its importance in reducing hospital mortality, the ICU is still, socially, an environment associated with death, carrying old stigmas that persist to this day. Patients admitted to these units present with various critical conditions, such as infectious diseases, unstable angina, myocardial infarction, acute respiratory failure, and acute pulmonary edema, among other comorbidities, each requiring specific and targeted care[1,2].

Patient safety is one of the main pillars of nursing practice in ICUs. Measures such as hand hygiene, proper use of Personal Protective Equipment (PPE), correct patient identification, and precise medication administration are fundamental practices to minimize risks. In this context, the recommendations of the Federal and Regional Nursing Councils (COFEN-COREN) for medication administration – known as the "13 rights" – reinforce the importance of precision and technical rigor in care[3,4].

Work in the ICU is carried out under intense pressure, requiring the interdisciplinary team to efficiently integrate knowledge and actions to prevent harm to patients' health. The nurse's role is central, both in caregiving and management dimensions, supervising routines and ensuring the quality of care[5].

The nursing team's understanding of humanization in the context of intensive care is fundamental both to the patient's experience and to the effectiveness of therapeutic outcomes. Humanizing actions conducted by nursing professionals, such as the use of assertive communication strategies and the promotion of a welcoming environment, have a significant influence on the recovery process. In this sense, humanization can be understood as the practice of making care more humane, based on benevolence and empathy[6].

However, the ICU environment also presents itself as a space of great emotional stress for patients, families, and professionals. Many patients, especially those who are conscious during hospitalization, are susceptible to states of psychological distress, apathy, intensified fear of death, and emotional breakdown, requiring appropriate psychological interventions. Among the observed complications, delirium stands out, with an incidence in critically ill patients ranging from 47% to 80%. However, underdiagnosis is frequent, which worsens the prognosis and increases the risk of mortality, in addition to prolonging the length of stay and increasing hospital costs[7,8].

Given this scenario, actions that humanize care and promote individualized attention are fundamental. Simple actions, such as respecting religious beliefs, facilitating orientation in time and space, and offering elements of personal comfort, prove effective in promoting well-being and preventing cognitive disorders, such as delirium. Thus, the humanization of intensive care emerges as an essential strategy for the recovery of critically ill patients[9].

Given the above, this study aimed to identify and analyze scientific publications related to healthcare in intensive care units, considering the technical complexity of care and the principles of humanization.

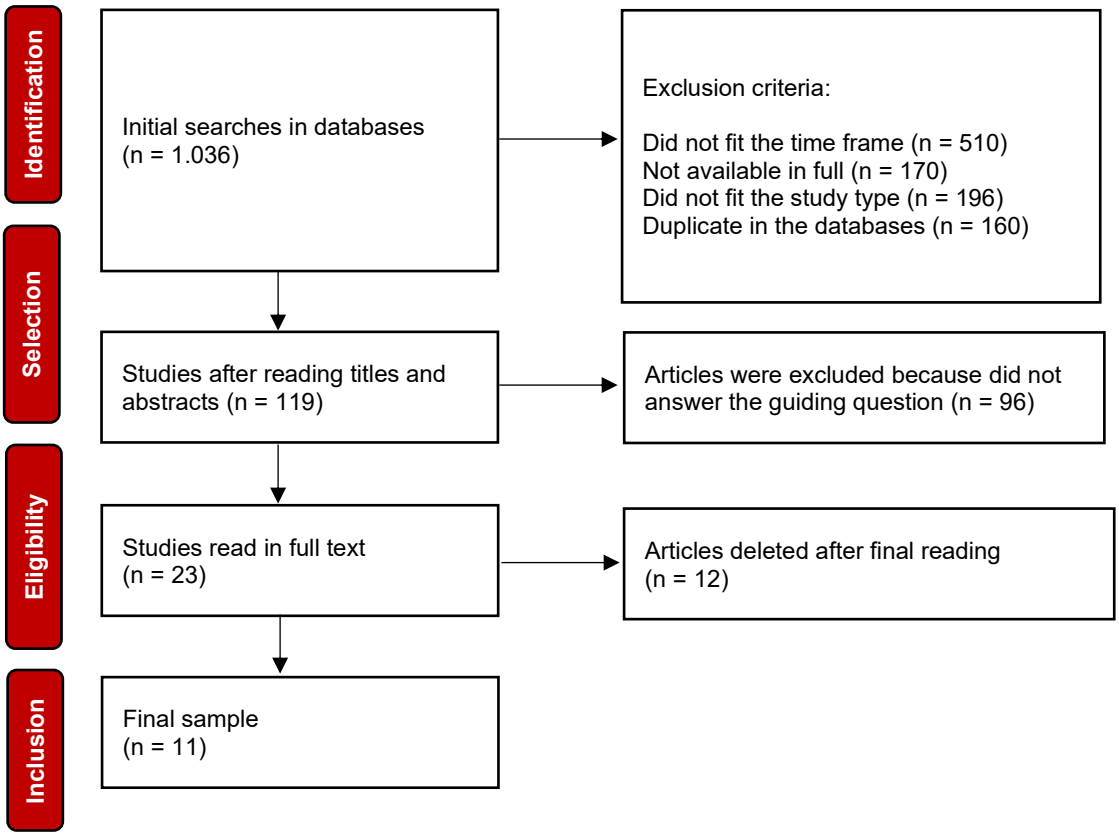
Methodology

This is an integrative literature review, in which a search was conducted for studies available in the National Library of Medicine (PubMed) and Virtual Health Library (VHL) databases. Articles published between 2015 and 2025, available in full and free of charge, in Portuguese, English, or Spanish, were included. The following controlled descriptors were used to construct the search strategy: “Cuidados Intensivos”, “Psicologia”, “Unidade Intensiva”, *“Intensive Care”, “Psychology”,* and *“Intensive Unit”* combined with the Boolean operator “AND”, according to the Health Sciences Descriptors (DeCS). The inclusion criteria will include original studies that address the performance of health professionals in ICUs, focusing on technical assistance and the humanization of care for critically ill patients. Publications such as theses, dissertations, books, manuals, and previously published reviews were excluded.

The article selection process was carried out in two stages: (1) reading the titles and abstracts for initial screening and (2) reading the full texts of potentially eligible articles. The extracted data were organized into an analysis matrix containing authors, year of publication, objectives, methodology, main findings, and conclusions. The data analysis was performed using content analysis, as proposed by a study[10], following the three methodological phases: pre-analysis, exploration of the material, and treatment of the results, inference, and interpretation. This approach allowed us to identify emerging thematic categories that express the interfaces between the technical complexity of nursing care in the ICU and the practices of humanizing care.

The review was conducted through a systematic search of the PubMed and BVS databases, considering publications from 2015 onwards. Initially, 1,036 articles were identified, of which eight were from PubMed and three from BVS after applying the inclusion and exclusion criteria, totaling 11 studies selected for analysis. The screening and selection process for the studies followed standardized steps, from the evaluation of titles and abstracts to the complete reading of the texts, ensuring the relevance and quality of the included data. The flowchart for identifying, screening, and including studies is presented in the figure below, clearly illustrating each step of the procedure. Regarding ethical aspects, since this is a bibliographic research, without direct involvement with human beings, submission to the Research Ethics Committee was not necessary, according to Resolution No. 466/2012 of the National Health Council. Even so, the principles of scientific ethics were respected, ensuring proper citation and integrity of the consulted sources.

Figure 1. Flowchart for searching and selecting studies. Maringá, PR, Brazil, 2015-2025



Results

The final sample for this review consisted of eleven scientific articles, selected from 1,036 studies initially identified, according to the previously established inclusion criteria. Among the included articles, three were obtained from the BVS database and eight from PubMed. Chart 1 presents a summary of the primary studies, including title, journal, year of publication, country, language, and indexed database. A predominance of publications was observed in the years 2015 (1), 2017 (1), 2018 (2), 2019 (2), 2022 (2), 2023 (1), and 2024 (2). Regarding the country of origin, studies from Brazil prevailed (63.6%), followed by Spain (27.3%) and Colombia (9.1%), highlighting the predominance of national productions on the theme of humanization and care in intensive care units. Chart 2 presents the analysis of the main results, aiming to extract keywords, highlighting terms such as promote, improvement, implement, ethical, strategy, trust, empathy, autonomy, care, multidisciplinary team, nursing, humanization, welcoming, communication, religiosity, comfort, pain, dignity, suffering, anxiety, stress, and traumatic. These words support the categories constructed from the analysis of the results, allowing the identification of the emphasis and methodological approaches of each study.

Chart 1. Characterization of the selected articles. Maringá, PR, Brazil, 2015-2025

ID	Title	Journal	Year	Country	Language	Indexed database
1	Intervenções interprofissionais e fatores que melhoram os cuidados de fim de vida em unidades de terapia intensiva: uma revisão integrativa	Enfermería Intensiva	2024	Spain	English	PubMed
2	Especificidade e sensibilidade da versão espanhola da COMFORT Behavior Scale para avaliação de dor, grau de sedação e síndrome de abstinência no paciente pediátrico gravemente enfermo	Enfermería Intensiva	2022	Spain	English	PubMed
3	Necessidades dos familiares de pacientes críticos em um hospital acadêmico do Chile	Enfermería Intensiva	2018	Spain	English	PubMed
4	Humanização na terapia intensiva: percepção do familiar e do profissional de saúde	Revista Brasileira de Enfermagem	2017	Brazil	Portuguese	BVS

5	Acolhimento e classificação de risco em uma unidade de pronto atendimento	Revista de Enfermagem e Atenção à Saúde	2019	Brazil	Portuguese	BVS
6	A hospitalização em unidade intensiva na voz do idosos e familiares	Revista Envelhecimento	2015	Brazil	Portuguese	BVS
7	Percepção do paciente crítico sobre os comportamentos de cuidados humanizados de enfermagem	Avances em Enfermería	2019	Colombia	Spanish	BVS
8	Psychological recovery after critical illness and stay in hospital ICU	Revista Psicologia, Ciência e Profissão	2022	Brazil	English	BVS
9	Percepção da humanização dos trabalhadores de enfermagem em terapia intensiva	Revista Brasileira de Enfermagem	2018	Brazil	Portuguese	BVS
10	O mundo privado na UTI: análise da internação de pacientes oncológicos	Psicologia, Ciência e Profissão	2023	Brazil	Portuguese	BVS
11	Desmascarando as consequências ocultas: sequelas pós unidade de terapia intensiva, planejamento da lata e acompanhamento a longo prazo	Critical Care Science	2024	Brazil	Portuguese	BVS

Chart 2. Main results extracted from the keywords. Maringá, PR, Brazil, 2015-2025

ID	Main results
1	Promote improved end-of-life care through interventions aimed at achieving previously established therapeutic goals, as well as implementing effective care policies and plans that consider both critically ill patients and their families.
2	It was observed that the vast majority of those included presented a state of comfort, absence of significant pain, satisfactory sedation control, and reduced manifestation of pharmacological withdrawal syndrome.
3	It was found that the most relevant needs of families of critically ill patients are mainly focused on aspects related to communication with the multidisciplinary healthcare team.
4	They highlighted some key points such as a welcoming atmosphere, effective communication, ethical and sensitive professionalism, humanization, religiosity, and unfavorable aspects.
5	The importance of active listening and effective communication was emphasized as fundamental strategies for strengthening the bond between professionals and users, building a relationship of trust, and promoting more humanized care.
6	The ICU, initially perceived as a feared space associated with death, came to be recognized, after experience, as necessary and capable of saving lives. Family members reported anxiety, fear, and insecurity regarding hospitalization and the restrictions of the environment; the humanized care, clear communication, and support from the nursing staff were essential to reduce suffering and strengthen trust.
7	The authors concluded that humanized care is perceived as positive, but they highlighted the need to strengthen communication and empathy within the nursing team, especially in cases where the perception was negative.
8	The study described how the participants' experiences affected their psychic organization. For them, illness and hospitalization were extreme situations that triggered a process of psychic disintegration, with symptoms such as confusion, disorientation, and feelings of anguish and fear.
9	Research shows that humanization for nursing professionals is linked to how the work is managed; a lack of humanization is perceived because of deficient management that does not value the professional, causing suffering.
10	The ICU experience can be influenced by the patient's preconceived notions about the environment. Aversive stimuli, such as noise and discomfort, can be mitigated by the presence of family and a supportive relationship with the healthcare team through humanized treatment, which can restore the patient's autonomy and dignity. Humanization and family support are crucial for the patient's psychological and physical recovery.
11	The study concludes that humanizing care, reducing morbidity, and providing specialized follow-up after discharge are essential to improving the well-being and long-term outcomes of patients. Survivors may experience mental health problems such as anxiety, depression, and post-traumatic stress disorder.

From the association between the results obtained in the keyword analysis and the evidence presented in the studies, three main categories emerged, described below:

Identifying ethics, trust, and autonomy in intensive care

Promoting improved healthcare requires ethical and effective strategies, grounded in trust, empathy, and respect for patient autonomy. In the ICU setting, the multidisciplinary team, with nursing playing a key role, is essential in implementing therapeutic plans focused on the recovery, comfort, and dignity of critically ill patients. Ethical and responsible care involves not only technical expertise but also professional discernment in the use of sedation, the management of pharmacological withdrawal, and shared decision-making with the patient and their family. Such practices reduce suffering and enhance significant clinical and human outcomes, reinforcing the importance of professionalism, empathy, and sensitivity in care. Therefore, ethics in intensive care is understood as a guiding principle for building a safe, humanized practice based on trust among professionals, patients, and families.

Including family-like care and a humanized environment

The inclusion of families in the care process for critically ill patients is a fundamental aspect of humanized care. Family support, combined with effective communication and sensitive listening, fosters the creation of bonds and strengthens emotional support for both the patient and their loved ones. Humanized and welcoming environments, along with the constant presence of the nursing team, contribute to restoring dignity, comfort, and hope, reducing the psychological impacts of hospitalization. The literature shows that the presence of family and continuous dialogue with the multidisciplinary team strengthens trust and contributes to the recovery process. Thus, person- and family-centered care consolidates comprehensive care that recognizes the importance of human and affective relationships as part of the therapeutic process.

Understanding the pain, suffering, and psychological dimensions of care

Pain and suffering are common experiences among critically ill patients, often associated with anxiety, fear, insecurity, and the limitations imposed by the hospital environment. These conditions can trigger intense emotional reactions, such as confusion, disorientation, depression, and even post-traumatic stress disorder. Understanding the psychological dimensions of illness and ICU hospitalization is essential for planning therapeutic interventions that promote comfort, dignity, and comprehensive care. In this sense, the nurse plays a central role in the early identification of suffering and in offering emotional and spiritual support, contributing to the patient's physical and mental recovery. Recognizing pain and suffering as central elements of care allows nursing practice to be guided by empathy and ethics, reinforcing the commitment to humanization in the intensive care environment. In summary, the results demonstrate that ICU care requires a balance between technical competence and human sensitivity, highlighting the role of nursing and the multidisciplinary team in building practices that integrate technology, ethics, and humanization.

Discussion

The analysis of the studies included in this integrative review shows that nursing care in Intensive Care Units (ICUs) is not limited to the execution of complex technical procedures, but also demands the integration of humanized practices that consider the emotional, social, and spiritual dimensions of the patient and their family[2,8]. The complexity of the intensive care environment demands that professionals adopt an ethical, empathetic, and communicative approach, capable of balancing technology and sensitivity in care[1,10,17].

Authors such as Beauchamp and Childress[12] and Pessini[19], emphasize that ethics in healthcare is a structuring principle of professional practice, based on autonomy, beneficence, and justice. These principles, applied to the intensive care setting, reinforce the importance of active listening, respect for patient decisions, and conduct based on human values.

The results indicate that promoting ethics, trust, and autonomy is central to ICU care. Ethical strategies based on empathy, respect for autonomy, and transparent communication are fundamental to ensuring patient safety and strengthening bonds of trust between the team, the patient, and family members[6,10,21]. Proper sedation management, pain control, and supervision of drug withdrawal represent technical dimensions that, when combined with humanized practices, contribute significantly to the dignity and well-being of the critically ill patient[5,11]. From this perspective, COFEN[4] reinforces the ethical and technical responsibility of the nurse at all stages of care, highlighting the commitment to safety, proper record keeping, and informed decision-making.

Ethical and empathetic care, as highlighted by Beauchamp and Childress[12], involve recognizing the patient as a moral subject, endowed with autonomy, values, and desires that need to be respected even in critical situations. Thus, nursing becomes an essential pillar in the ethical and humanized management of intensive care[2,19,20]. The presence of family and continuous support emerges as key strategies for humanizing care in the ICU. Clear communication, sensitive listening, and the emotional support offered by the team strengthen trust and promote bonds that enhance the patient's physical and psychological recovery[2,8,18,20].

The National Humanization Policy[16] emphasizes valuing the patient and their family as key players in the care process. Welcoming environments that respect individuality, spirituality, and family presence reduce stress and anxiety and facilitate coping with hospitalization[22]. Studies indicate that family inclusion and effective communication reduce suffering, strengthen therapeutic adherence, and contribute to building a relationship of trust. In this way, the nurse acts as a mediator between technique and emotional

connection, promoting comprehensive and participatory care[3,7,16].

The physical and emotional suffering of critically ill patients constitutes a central dimension of nursing practice in the ICU. Experiences of pain, anxiety, disorientation, and fear are frequent and can evolve into psychological complications such as delirium, depression, and post-traumatic stress disorder if they do not receive adequate attention[5,13]. In this context, the nurse plays a fundamental role in the early identification of suffering and in offering emotional and spiritual support, combined with the safe technical management of complex procedures[2,11]. Mendes[15] emphasizes that comprehensive care requires valuing the subjective dimensions of illness, including psychological and social aspects that directly interfere with recovery. The integration of humanized practices with technical care ensures not only clinical recovery, but also the preservation of the patient's dignity, autonomy, and well-being[1,4]. Thus, emotional care becomes an essential component of intensive care practice. The review highlights that ICU care requires a balance between technical competence and human sensitivity. Humanization is not just an isolated action, but a continuous and interdisciplinary process that integrates technology, ethics, and effective communication[2,9,14].

Strengthening the bond between the multidisciplinary team, the patient, and their family contributes to better clinical and psychological outcomes, reduced morbidity, and improved post-discharge rehabilitation[7,8]. Silva and Moura[20] emphasize that technical competence must go hand in hand with empathy and ethical reflection, ensuring safe and humane care. Therefore, nursing care in the ICU requires emotional preparedness, technical skills, and sensitivity to deal with the complexity of intensive care. Humanization, in this sense, is an indispensable component for the patient to be recognized in their entirety, valuing their physical, emotional, social, and spiritual dimensions.[2,17,19].

The integration of technical practice and humanized care strengthens trust, ethics, and empathy, consolidating safer, more ethical, and human-centered intensive care.

Conclusion

This integrative review revealed that nursing care in the Intensive Care Unit (ICU) goes far beyond the execution of technical procedures and the use of advanced technologies. Intensive care requires, above all, practice based on humanization, recognizing the patient as a whole being, endowed with feelings, values, and spirituality. The studies analyzed showed that humanizing care in the ICU is fundamental to promoting comfort, safety, and well-being, contributing to the reduction of pain, fear, and anxiety, as well as favoring physical and emotional recovery. Effective communication, active listening, welcoming, and family support proved to be indispensable strategies for strengthening the bond between professionals and patients, ensuring more empathetic and sensitive care. It was also found that the perception of the ICU as a threatening environment can be reframed through humanized practices, capable of offering the patient and their family a space of care and hope. However, challenges persist, such as work overload, scarcity of human resources, and inadequate management, which can compromise the well-being of professionals and reflect on the quality of care provided. Therefore, it is concluded that it is essential for healthcare institutions to invest in policies and programs focused on humanizing care, prioritizing the appreciation of nursing professionals, multidisciplinary communication, and comprehensive care. By balancing technical complexity with human sensitivity, intensive care nursing reaffirms its essential role in promoting life, dignity, and recovery of critically ill patients, consolidating an ethical, compassionate, and transformative practice.

References

1. Braga RB, Ribeiro GS, Morais F, Bezerra AA, Santana JP, Silva CM, et al. Enfermagem em UTI: cuidados essenciais na assistência direta ao paciente. Nursing (São Paulo) [Internet]. 2024 Jul [citado 2024 Set 1];28(313):9333-9. Disponível em: https://www.revistanursing.com.br/index.php/revistanursing/article/view/3206. DOI: https://doi.org/10.36489/nursing.2024v28i313p9333-9339
2. Castro MLM, Almeida FAC, Amorim EH, Carvalho AILC, Costa CC, Cruz RAO, et al. Perfil de pacientes de uma unidade de terapia intensiva de adultos de um município paraibano. Enfermagem Actual Costa Rica [Internet]. 2021 Jun [citado 2024 Set 1];(40):42910. Disponível em: http://www.scielo.sa.cr/scielo.php?script=sci_arttext&pid=S1409-56820210000100007. DOI: https://doi.org/10.15517/revenf.v0i40.42910
3. Duran MLR, Silva TM, Lima LV, Lozano TSP, Dias RB, Bento VFS, et al. Delirium em unidade de terapia intensiva, escala CAM-ICU e assistência de enfermagem: análise reflexiva. Brazilian Journal of Development [Internet]. 2023 Nov 27 [citado 2025 Maio 18];9(11):30345-56. Disponível em: https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/65121
4. González-Rodríguez A, Labad J, Seeman MV. Critical issues in the management of agitation, aggression, and end-of-life in delusional disorder: a mini-review. Healthcare (Basel) [Internet]. 2023 [citado 2025 Ago 16];11(4):4058. Disponível em: https://www.mdpi.com/2227-9032/11/4/4058. DOI: https://doi.org/10.3390/healthcare11040458
5. Jesus JA. Afastamentos dos profissionais de enfermagem da UTI adulto de um hospital universitário de Uberlândia: implicações [Internet]. Uberlândia: Universidade Federal de Uberlândia; 2023 [citado 2024 Out 16]. Disponível em: https://repositorio.ufu.br/handle/123456789/27639

6. Bogéa BR, Silva GO, Lima CC, Santos AFP, Costa RBS. Assistência humanizada de enfermagem a pacientes em unidade de terapia intensiva. LEV – Revista Científica [Internet]. 2025 Jun 3 [citado 2025 Ago 17];16(49):6254-62. Disponível em: https://periodicos.newsciencepubl.com/LEV/article/view/5600
7. Maciel DO, Silva LLT, Almeida ANS, Costa RML. Percepções de pacientes adultos sobre a unidade de terapia intensiva. Enfermagem em Foco [Internet]. 2020 [citado 2025 Ago 16];11(1). Disponível em: https://revista.cofen.gov.br/index.php/enfermagem/article/view/2071. DOI: https://doi.org/10.21675/2357-707X.2020.v11.n1.2071
8. Conselho Federal de Enfermagem (BR). Registro de enfermagem no exercício da profissão [Internet]. Brasília, DF: COFEN; 2023 [citado 2024 Nov 21]. 114 p. Disponível em: https://www.cofen.gov.br/wp-content/uploads/2024/02/Registros-de-Enfermagem-no-Exercicio-da-Profissao.pdf
9. Ruivo BAR, Bastos JPC, Ferreira AMF Jr, Silva JCS, Jesus LM, Brígida GVS, et al. Assistência de enfermagem na segurança do paciente na UTI: uma revisão integrativa da literatura. Rev Eletrônica Acervo Enfermagem [Internet]. 2020 Nov 6 [citado 2024 Set 1];5:e5221. Disponível em: https://acervomais.com.br/index.php/enfermagem/article/view/5221. DOI: https://doi.org/10.25248/reaenf.e5221.2020
10. Rother ET. Revisão sistemática x revisão narrativa. Acta Paul Enferm [Internet]. 2007 [citado 2025 Maio 23];20(2). Disponível em: https://doi.org/10.33871/23594381.2023.21.3.7646
11. American Association of Critical-Care Nurses. AACN standards for acute and critical care nursing practice. Aliso Viejo (CA): AACN; 2022.
12. Beauchamp TL, Childress JF. Principles of biomedical ethics. 9th ed. New York: Oxford University Press; 2023.
13. Karnas M, Chrusciel J, Sanchez S, Launay E, Gignon M. Psychological distress and recovery after intensive care: the nurse's role. Intensive Crit Care Nurs. 2023;73:103225. DOI: https://doi.org/10.1016/j.iccn.2023.103225
14. Leite MA, Oliveira RMC, Sampaio ES, Torres RAM. Tecnologia e humanização no cuidado intensivo: perspectivas da enfermagem brasileira. Acta Paul Enferm. 2024;37:eAPE04328. DOI: https://doi.org/10.37689/acta-ape/2024AO04328
15. Mendes EV. A clínica ampliada e a integralidade da atenção à saúde. Rio de Janeiro: Editora Fiocruz; 2021.
16. Ministério da Saúde (BR). Política Nacional de Humanização: HumanizaSUS [Internet]. Brasília, DF: Ministério da Saúde; 2022 [citado 2025 Out 27]. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_humanizacao_2022.pdf
17. Morin E. O método 6: Ética. 5th ed. Porto Alegre: Sulina; 2021.
18. Oliveira RM, Fonseca EF, Almeida TC, Costa JT. O papel da família no processo de humanização em unidades de terapia intensiva. Rev Gaúcha Enferm. 2023;44:e20220156. DOI: https://doi.org/10.1590/1983-1447.2023.20220156.pt
19. Pessini L. Bioética e humanização da saúde. 5th ed. São Paulo: Loyola; 2021.
20. Silva MA, Moura DJ. Humanização do cuidado e competência técnica na UTI: desafios para a enfermagem contemporânea. Rev Bras Enferm. 2022;75(Suppl 1):e20220104. DOI: https://doi.org/10.1590/0034-7167-2022-0104
21. Wang Y, Wang L, Li Z. Ethical dilemmas in intensive care nursing: balancing technology and humanity. Nurs Ethics. 2022;29(7):1632–44. DOI: https://doi.org/10.1177/09697330211068445
22. Gonçalves FD, Lopes MJ. Ambiente de cuidado e humanização em UTI: percepções da equipe de enfermagem. Rev Esc Enferm USP. 2020;54:e03658. DOI: https://doi.org/10.1590/S1980-220X2020e03658