

**Perception of patients about hospitalization in different clinics: an integrative review****Percepção dos pacientes sobre a internação hospitalar em diferentes clínicas: uma revisão integrativa****Percepción de los pacientes acerca de la hospitalización en diferentes clínicas: una revisión integradora****Received: 28/02/2019****Approved: 27/07/2020****Published: 07/03/2021****Patricia Nunes da Silva<sup>1</sup>**  
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This is an integrative review that considered the period from 2015 to 2019, and aimed to evaluate and synthesize available evidence on the perception of patients about hospitalization. The research was carried out in the databases: PubMed; CINAHL; Scopus; LILACS; BDENF, with the combinations of three descriptors: *Paciente, Percepção* and *Hospitalização* (Patient, Perception and Hospitalization). 465 articles were found, of which 11 articles met the study criteria. All articles had evidence level 4, from which two categories emerged: *Feelings experienced during hospitalization and the perception of the hospital environment*; and *Care offered by nursing professionals during hospitalization*. Four studies were from Brazil and seven were from other countries. The studies revealed the importance of the health professional being prepared for the development of a set of practical and human skills, considering the uniqueness of each patient. It was also found that, despite technological advances and implementation of laws aimed at humanized care, health professionals have difficulties to promote comprehensive and humanized care, thus guaranteeing quality care.

**Descriptors:** Hospitalization; Patients; Inpatients; Perception; Health services research.

Esta é uma revisão integrativa que considerou o período de 2015 a 2019, e teve como objetivo avaliar e sintetizar evidências disponíveis acerca da percepção dos pacientes sobre a internação hospitalar. A pesquisa foi realizada nas bases de dados: PubMed; CINAHL; Scopus; LILACS; BDENF, pelas combinações entre três descritores: *Paciente, Percepção e Hospitalização*. Encontraram-se 465 artigos, dos quais 11 artigos atenderam aos critérios do estudo. Todos os artigos apresentavam nível de evidência 4, das quais emergiram duas categorias: *Sentimentos vivenciados durante a internação e a percepção sobre o ambiente hospitalar*; e *Cuidado oferecido pelos profissionais de enfermagem durante a hospitalização*. Quatro estudos eram brasileiros e sete eram estrangeiros. Os estudos revelaram a importância de o profissional de saúde estar preparado para o desenvolvimento de um conjunto de habilidades práticas e humanas, considerando a singularidade de cada paciente. Também verificou-se que, apesar dos avanços tecnológicos e da implementação das leis voltadas para a assistência humanizada, os profissionais de saúde possuem dificuldades para promover um cuidado integral e humanizado, garantindo qualidade na assistência.

**Descritores:** Hospitalização; Pacientes; Pacientes internados; Percepção; Pesquisa sobre serviços de saúde.

Esta es una revisión integradora que consideró el período comprendido entre 2015 y 2019, cuyo objetivo fue evaluar y sintetizar evidencias disponibles de la percepción de los pacientes acerca de la hospitalización. La búsqueda se realizó en las bases de datos: PubMed; CINAHL; Scopus; LILACS; BDENF, por combinaciones de tres descriptores: *Paciente, Percepção e Hospitalização* (Paciente, Percepción y Hospitalización). Se encontraron 465 artículos, de los cuales 11 cumplieron los criterios. Todos los artículos presentaron un nivel de evidencia 4, y surgieron dos categorías: *Sentimientos experimentados durante la hospitalización y percepción del entorno hospitalario*; y *Cuidado ofrecido por los profesionales de enfermería durante la hospitalización*. Cuatro estudios eran brasileños y siete eran extranjeros. Los estudios revelaron la importancia de que el profesional de salud esté preparado para el desarrollo de un conjunto de habilidades prácticas y humanas, considerando la singularidad de cada paciente. Asimismo, se constató que a pesar de los avances tecnológicos y de la implementación de leyes orientadas a la atención humanizada, los profesionales de la salud tienen dificultades para promover un cuidado integral y humanizado, garantizando una atención de calidad.

**Descriptores:** Hospitalización; Pacientes; Pacientes internos; Percepción; Investigación sobre servicios de salud.

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## INTRODUCTION

**T**he need for hospitalization due to the worsening of clinical condition can be characterized as a traumatic and stressful process, since the hospital environment has rules and operation norms, which culminates in restrictive conditions<sup>1</sup>. This situation becomes a source of behavioral changes, which, when associated with the aversive environment configuration, can generate discomfort. This has the potential to hinder the adaptation process necessary to face the disease<sup>2</sup>.

A hospitalized person is in a condition in which their health is threatened or impaired, and they need to abandon their daily life in favor of a new conjuncture. During this period, the person quits their day-to-day life, distance themselves from family and friends, from work and leisure activities, in addition to the loss of autonomy, self-esteem and social recognition<sup>3,4</sup>.

When someone undergoes hospitalization, it is known that it is not only their physical dimension that is being affected by the disease, but the person themselves, in their entirety. Each person has a history, an individuality, carries specific and singular particularities, which must be recognized<sup>5</sup> and considered as important dimensions for care.

Strengthening autonomy and understanding clinical condition contribute to breaking stigma and prejudice and, consequently, allow fluidity in coping with the disease and overcoming weaknesses and difficulties in the hospital environment<sup>6</sup>.

The health professional who accompanies the patient during their hospitalization needs to take their particularities into account in their entirety<sup>7</sup>. It is crucial that professionals provide comprehensive and committed care from the moment the patient enters the hospital. Effective communication and establishment of bonds enable a detailed analysis of perceptions and reactions experienced by the hospitalized patient<sup>3,8</sup>.

The therapeutic relationship, based on the comprehension of the individual in their entirety, contributes to the development of individualized and focused interventions, which improves the experience of hospitalization<sup>8</sup> as it instigates a critical and interrogative look capable of modifying the assistance provided to the individual<sup>9</sup>. In view of this, attention is drawn to humanization as a new posture and attitude in the context of health work, which needs to involve everything from professional actions to the organization of services and management.

Humanization is a broad process, and it is revealed as a fundamental tool in the care of hospitalized patients, and should not be limited to the procedural steps, but must be based on a broader and more interactive process involving patients, family members and multiprofessional team<sup>10</sup>, promoting a respectful hospital environment that preserves the privacy and dignity of each patient<sup>11</sup>.

Despite the new public health policies that highlight the integral attention of the subject, there was scientific, technological development and over-specialization in the area of health that brought undeniable benefits and improvement in health care; however, it was noted that assistance was moving away from the subject's singularity. The professionals have become excellent technicians, holders of scientific knowledge and experts in procedures, often of high complexity. However, they moved away from human aspects and the non-palpable dimension of the individual, which generated an increasing distance from the patients they assist<sup>5</sup>. There is a need to redirect the gaze to the individual, humanizing health care<sup>12</sup>, having as a guide for assistance human beings in their entirety, and not the sum of their fragments and disconnected parts.

In view of this reality, it is relevant to research on care and interventions based on the patient's perception, understanding the representational universe of people who experience hospitalization. In this context, the production of studies and content in this area can contribute for professionals to reflect on the issue of humanization in their actions, on the importance of understanding the patient as a complex, singular being, capable of adapting according to relationships and environmental conditions they are in.

Bringing the patient's perception of hospitalization to the center of discussions can directly impact their own care and represent a decisive step for the professionals' attitudes to be reviewed. In this perspective, the following question emerged: *What is the perception of individuals in relation to their hospitalization?* Thus, this study aims to evaluate and synthesize available evidence about the patients' perception of hospitalization.

## METHOD

It is an integrative review study (IR) defined as a research method that aims to list the largest number of studies on a theme, which results in a well-founded study to support knowledge and clinical practice<sup>13</sup>.

Six steps described for the construction of the study were used: establishment of the hypothesis or research question; sampling or literature search; categorization of studies; evaluation of studies included in the review; interpretation of results and synthesis of knowledge or presentation of the review<sup>13</sup>.

The time interval for selecting articles was five years (2015-2019). The articles were collected in August 2019. The research was conducted in six electronic databases, with online access: Cumulative Index to Nursing and Allied Health Literature (CINAHL); PubMed/Medline (National Library of Medicine and National Institutes of Health/Medical Literature Analysis and Retrieval System Online); Scopus; *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and *Base de Dados de Enfermagem* (BDENF). The databases were accessed as follows: to access CINAHL and Scopus, the *Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES) was used; to access PubMed, the PubMed portal was used; for LILACS, BDENF and MEDLINE, access was via the *Biblioteca Virtual de Saúde* (BVS).

Combinations between three descriptors (*paciente*, *percepção* and *hospitalização*) in Portuguese and their correspondents in English (patients, perception and hospitalization) were used, via Health Sciences Descriptors (DeCS). A combination of descriptors with Boolean operators ("and", "or", "not" or "and not") was used, respecting distinctions between databases.

Inclusion criteria were established as full articles published in scientific journals available online selected for the study in the last five years (2015-2019), in Portuguese, English and Spanish, and which subject was the perception of patients about hospitalization.

The analysis was performed only in studies in which the sample consisted of adult patients and covered different hospitalization clinics. Incomplete articles, thesis, dissertations, reviews, summaries in annals of events, expanded abstracts, letters, editorials and studies carried out in non-hospital settings were excluded. Articles that addressed the perspective of hospitalized children, adolescents and elderly, family members and/or companions were also excluded.

The evaluation and selection of studies that make up the *corpus* was carried out based on the reading of the articles to ascertain whether, in fact, they met the objectives.

The first stage of analysis of the studies identified occurred by reading the titles and abstracts of the references identified in the databases. It was noted the presence of some duplicate articles, which were excluded, according to the criteria of database with the highest indexation. Soon after, a fluctuating reading of the primary selection of articles was carried out, in which it was found that not all articles met the established criteria.

Subsequently, they were excluded, resulting in a reduction in the number of articles. Thus, we proceeded with a systematic reading of the articles that, finally, met the inclusion criteria and dealt with the patients' perception about hospitalization. Finally, after defining the sample, the articles that made up the *corpus* of the study were organized into physical and virtual files.

The articles were analyzed and classified according to the level of evidence, according to the method used. Level 1 points to evidence resulting from the meta-analysis of multiple

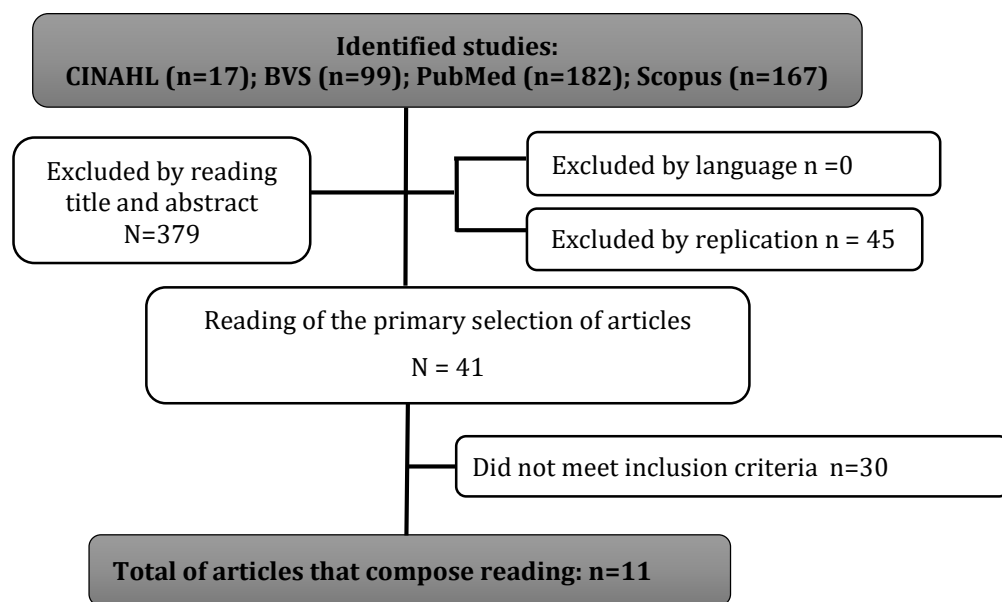
controlled and randomized clinical studies; level 2 includes evidence obtained in individual studies with an experimental design; level 3 is evidence of quasi-experimental studies; level 4 consists of evidence from descriptive studies (non-experimental) or with a qualitative approach; level 5 considers evidence from case reports or experience; level 6 is evidence based on expert opinions<sup>14</sup>.

The presentation of this review was carried out with the results obtained in tables and in narrative analysis to facilitate identification and understanding of data. Tables were created for the collection of information containing the following items: authors, level of evidence, date of publication, database, journal, objective and place of research. The data were described using absolute frequency (n) and percentage (%). After analysis and interpretation of the results, categories emerged that were discussed with related productions.

## RESULTS

In the study's proposals, 11 articles were considered, which are shown in Figure 1.

**Figure 1.** Flowchart of selection of primary studies, Uberaba, Minas Gerais, Brazil, 2020.



Regarding year of publication, it was found that 2016 presented a greater number of selected articles, corresponding to 36.4% (n = 4) of the publications, followed 2015, 2017 and 2018, with 18.2% each (n = 2). 2019 corresponds to 9.1% (n = 1) of publications (Chart 1).

Due to the specific characteristics to observe and describe the patients' perception, all studies, 100% (n = 11), were classified with level of evidence 4, (Chart 1).

The largest number of publications was retrieved in the Scopus database, 27.3% (n = 3). The Medline, BDNF and LILACS databases presented the same number of publications retrieved, being 18.2% (n = 2). The PubMed and CINAHL databases, in turn, presented only one publication each 9.1% (n = 1) (Chart 1).

The eleven studies included in the review were published in the following journals, namely: Journal of Critical care (n=1), Medical Principles and Practice (n=1), Archives of Psychiatric Nursing (n=1), *CuidArte Enfermagem* (n=1), European Journal of Oncology Nursing (n=1), Hispanic Health Care International (n=1), *Revista Eletrônica de Enfermagem* (n=1), Journal of Research: Fundamental Care Online (n=1), *Revista de Enfermagem da UFSM* (n=1), European journal of Cancer Care (n=1), International Journal for Quality in Health Care (n=1) (Chart 1).

As for the countries that most published on the topic, Brazil stands out with the highest number of selected publications, with 36.4% (n = 4). Saudi Arabia, China, United States, India,

Mexico, Jordan, Portugal and Poland had only one publication each, which is equivalent to 9.1%. It is noteworthy that a single study was carried out in four countries, namely Cyprus, Finland, Greece and Sweden, with 9.1% (n = 1) in the sample (Chart 1).

**Chart 1** - Articles selected according to authors, year, objective, database, periodicals and country of study. Uberaba, Minas Gerais, Brazil, 2020.

Author/ Year	Level of Evidence	Objective	Database	Journal	Country
Alasad JA, et al. <sup>15</sup> (2015)	4	Describe the experience of patients in Jordan during their stay in intensive care.	MEDLINE	Journal of Critical care	Jordan
Al-Monami MM <sup>16</sup> (2016)	4	Investigate patient satisfaction with nursing care by measuring the difference between patients' expectations and perceptions of actual care provided.	Scopus	Medical Principles and Practice	Saudi Arabia
Bandurska E, et al. <sup>17</sup> (2016)	4	To evaluate the quality of nursing care in psychiatric wards from the patient's perspective.	PubMed	Archives of Psychiatric Nursing,	Poland
Beccaria LM, et al. <sup>18</sup> (2018)	4	To verify the perception of the patient and their relatives regarding experience of hospitalization in a coronary care unit after cardiac surgery.	BDEF	CuidArte, Enfermagem	Brazil
Garza- Hernández R, et al. <sup>19</sup> (2019)	4	To describe, in general and by categories, the patients' perception of humanized care behaviors that were provided by the nursing team during hospitalization, in surgical services, in a care hospital.	Scopus	Hispanic Health Care International	Mexico
Kullberg A, et al. <sup>20</sup> (2015)	4	Investigate patients' perceptions of information exchange and its associations with patient satisfaction, participation and safety in hospitalization in oncology wards.	Scopus	European Journal of Oncology Nursing	Sweden
Martins PF, Perroca MG <sup>21</sup> (2017)	4	Examine the perception and level of satisfaction of patients and companions regarding meeting the care needs during the hospitalization period.	LILACS	<i>Revista Eletrônica de Enfermagem</i>	Brazil
Piexak DR, et al. (2016) <sup>3</sup>	4	Understand the meaning of nursing care in a surgical inpatient unit in the patients' perception.	LILACS	Journal of Research: Fundamental Care Online.	Brazil
Silva N, Gabatz RI, Lemes RA <sup>22</sup> (2016)	4	Identify the trauma patient's perception of the assistance provided.	BDEF	<i>Revista de Enfermagem da UFSM</i>	Brazil
Suhonen R, et al. <sup>23</sup> (2018)	4	Describe the perceptions of cancer patients with individualized care in four European countries and compare these perceptions using the sociodemographic characteristics of the patients and the Individualized Care Scale.	MEDLINE	European Journal of Cancer Care	Cyprus Finland Greece Sweden
Yan J, et al. <sup>24</sup> (2017)	4	Identify the frequency of undesirable events reported by patients during hospitalization.	CINAHL	International Journal for Quality in Health Care	China

Regarding the characterization, 18.2% (n = 2) of studies focused exclusively on intensive care, 18.2% (n = 2) in the surgical department, 18.2% (n = 2) involved only medical and surgical clinics, 9.1% (n = 1) in various departments, 9.1% (n = 1) in oncology, 9.1% (n = 1) psychiatric and 9.1% (n = 1) in the trauma department.

With regard to the level of evidence, all are level 4, showing an important gap in the theme for research from different design perspectives, such as from 1 to 3, namely: level 1 - meta-analysis of multiple controlled and randomized clinical studies ; level 2 - individual studies with experimental design; level 3 - quasi-experimental studies<sup>14</sup>.

The categorization of data allowed two categories to emerge to be discussed: *Feelings experienced during hospitalization and the perception of the hospital environment*; and *Care offered by nursing professionals during hospitalization*.

## DISCUSSION

### ***Feelings experienced during hospitalization and the perception of the hospital environment***

The hospitalization period represents a complex condition that directly interferes in all aspects of the individual, who assumes a passive condition in relation to their care<sup>18</sup>. The feelings experienced in this period are singular and distinct, often influenced by: values, beliefs, expectations, environment, previous experiences and physical and psychosocial condition<sup>16,23</sup>.

In a study carried out in the central region of the state of Rio Grande do Sul, Brazil, it was found that care must take into consideration the patient's physical, emotional, social and spiritual aspects, and it is essential to maintain attentive and sensitive listening linked to communication, respecting particularities of each one for achieving effectiveness. This understanding is due to the fact that feelings are presented in a different and singular way<sup>3</sup>.

Changing daily life and coping with difficulties exposes patients to fear, anguish, anxiety and worry, contributing to make this period stressful. Other patients may experience this moment as a necessary experience, clinging to feelings of faith and hope. Both perspectives must be recognized and considered as determining factors in coping with the disease and hospitalization<sup>3</sup>.

Of the articles that fit the discussion about feelings experienced during hospitalization, three highlighted the need for surgery as a contributor to increase stress and anxiety in patients. These disorders are enhanced by the fear of changing routine, habits and customs, taking them away from social, family and work life. Patients may have difficulties in accepting surgical admission due to the low perspective generated by the lack of information about their condition and procedures<sup>3,18,22</sup>.

The hospital environment can lead to stressful situations, since it imposes restrictive conditions and sudden changes that hinder the patients' adaptation process<sup>24</sup>. Among the difficulties experienced during hospitalization, the distancing from family life stands out, causing a break in affective and emotional interdependence, directly influencing the health-disease process<sup>18</sup>.

It is up to professionals to implement measures to overcome difficulties and restrictions, in addition to guiding family members regarding health conditions and hospital routine, promoting an interaction environment that ensures conscious participation and greater well-being during the patient's evolution<sup>22</sup>.

Some studies correlate other stressors in the hospital environment, such as: the presence of excessive noise and lights caused by the health team and equipment. The team must be attentive, minimizing the noises that negatively influence the hospitalization process, making rest difficult, essential for rehabilitation<sup>18,22</sup>.

### ***Care offered by nursing professionals during hospitalization***

Hospitalization is understood in different ways among people, varying according to individual experience. It is necessary to expand the mechanistic and procedural vision, with integrality and humanization as the main guidelines, in addition to understanding the complexity that involves the process of caring for human beings in their uniqueness<sup>21</sup> ensuring quality care.

A study that evaluated the perception of surgical patients about humanized nursing care corroborates the need to rethink care under the logic of comprehensiveness and humanization, which allowed us to identify that patients' perceptions reached favorable scores when the nursing team provided care guided by humanization<sup>19</sup>. Behaviors related to respect, dignity and privacy without distinction of beliefs and values, recognition of individual needs, appreciation of feelings, effective communication and attitudes that transmit tranquility and security during hospitalization were decisive<sup>19</sup>.

Person-centered care is driven by the needs and preferences of patients, which promotes satisfaction, participation and security. Thus, health actions should encourage the patient's involvement in their own care, aiming to strengthen their role and autonomy<sup>21</sup>. Centralized care facilitates the detection and prevention of adverse events, since patients participate in the process of their health care, being able to provide more detailed information about their condition, contributing to their safety in the hospital environment<sup>24</sup>.

Patients do not expect to receive purely physical care in order to resolve diagnoses and treat symptoms. They expect to receive psychological support, good communication, the team's availability to answer questions and maintain partnership relationships, arousing feelings of trust and security. The assistance, based on these aspects, causes a positive impact on the state of your health, and it is necessary to consider and evaluate them for the elaboration of strategies that strive to improve care<sup>17</sup>.

Another study that evaluated the perception of hospitalized cancer patients about the care received by the nursing team emphasizes that the individuality and choice of each patient must be considered<sup>23</sup>. It was noticed that the implementation of individualized care in the context of cancer treatment was moderate, not meeting expectations that were significantly higher. This negative aspect is related to a possible deficiency in specialized complementary training of professionals and the overload of tasks that preclude effective communication and bonding, necessary to implement individualized care<sup>23</sup>.

Patients are often physically or psychologically vulnerable due to the state of their health and the condition to which they are subjected in the hospital environment. In addition to this condition, the lack of verbal or non-verbal communication can negatively impact patient satisfaction with the care received, since unexpected experiences can be serious and traumatic. The exchange of clear information seeks to optimize care and contribute to make patients feel safer during the hospitalization period<sup>15,20,24</sup>.

In this sense, effective communication is essential to achieve assistance that legitimizes patients as true partners in care. The exchange of effective information is crucial for both the patient and the professional who assists, and cannot be overestimated<sup>20</sup>. Patients who recognize their real needs are able to actively participate in planning and making decisions about their care, ensuring safety and satisfaction<sup>21</sup>. For the professional, the exchange of information provides possibilities to assess and educate patients and family members, perform symptom management and coordinate care based on the real needs of patients<sup>20</sup>.

Regarding the interrelationships established during hospitalization, the nursing team, for having greater direct contact during hospitalization, tends to be seen by patients as a protective figure for having greater direct contact during hospitalization. Therefore, the nursing team has a fundamental role in building bonds, to establish care based on the needs expressed by patients, minimizing the negative effects of hospitalization<sup>16,18</sup>.

## CONCLUSION

The patient's perception of hospitalization is concerned with the emotional state after positive and negative experiences involving the hospital environment, the team and the therapeutic process. Several feelings may arise during hospitalization, which directly interfere with the health-disease process. Comprehensive care committed to establishing links to meet the real needs expressed by patients is essential for patient safety, participation and satisfaction.

The studies revealed the importance of the health professional being prepared for the development of a set of practical and human skills, considering the uniqueness of each patient. It is perceived the relevance of building care that takes into account the expressed needs for clinical practice, mitigating possible difficulties and sufferings experienced by patients during the hospitalization period.

The articles evaluated showed that, despite technological advances and the implementation of laws aimed at humanized assistance, health professionals have difficulties to promote comprehensive and humanized care, guaranteeing quality of care. In this sense, it was realized that the implications of care based on the patient's perceptions and needs are great and much needs to be done to achieve humanized care that respects the uniqueness of the subjects assisted during hospitalization.

The limitations of the study are related to the method used, the time frame and the scarcity of primary studies with better levels of evidence, revealing itself as a gap in scientific production. The breadth of the theme in different clinics also becomes a limiting factor, since the scenario and the clinical condition influence different ways. On the other hand, the same need to value the subjectivity of the subject in relation to comprehensive care in both scenarios was observed.

In addition, the results have limitations in relation to the level of evidence in the studies. Despite these limitations, it is believed that the study can contribute to discussions on the subject, in the design of intervention models, as well as in the transformation of practice, minimizing the impacts on health care.

Therefore, more scientific research is suggested involving strategies for implementing assistance that recognizes all dimensions inherent to the patient, respecting the uniqueness and needs, with a view to improvements in care.

## REFERENCES

1. Ribeiro LC, Luna VL, Medeiros KT. Estratégias de enfrentamento das doenças por idosas hospitalizadas. *Psico-USF* [Internet]. 2018 [cited in 10 Aug 2019]; 23(3):473-82. Available from: <http://www.scielo.br/pdf/pusf/v23n3/2175-3563-pusf-23-03-473.pdf>. DOI: <https://doi.org/10.1590/1413-82712018230307>
2. Campos CG, Mantovani MD, Nascimento ME, Cassi CC. Representações sociais sobre o adoecimento de pessoas com doença renal crônica. *Rev Gaúcha Enferm.* [Internet]. 2015 [cited in 06 Aug 2019]; 36(2):106-12. Available from: <https://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/48183/34199>. DOI: <http://dx.doi.org/10.1590/1983-1447.2015.02.48183>
3. Piexak DR, Ferreira CL, Terra MG, Backes DS, Barlem JG, Ilha S. Cuidado de enfermagem em unidade de internação cirúrgica: percepção dos pacientes. *Rev Pesqui. (Univ Fed Estado Rio J., Online)* [Internet]. 2016 [cited in 8 Dec 2019]; 8(1):3624-32. Available from: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3596/pdf\\_1765](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3596/pdf_1765)
4. Reis CG, da Rosa Olesiak L, Quintana AM, Farias CP. Repercussões profissionais e cotidianas do adoecimento em pacientes do sexo masculino com câncer avançado. *Psicol Pesq.* [Internet]; 2018 [cited in 05 Aug 2019]; 12(1):1-11. Available from: <http://pepsic.bvsalud.org/pdf/psipesq/v12n1/07.pdf>. DOI: <http://dx.doi.org/10.24879/2018001200100315>
5. Backes DS, Lunardi VL, Lunardi Filho WD. A humanização hospitalar como expressão da ética. *Rev Latinoam Enferm.* [Internet]. 2006 [cited in 05 Aug 2019]; 14(1):132-5. Available from: <http://www.scielo.br/pdf/rlae/v14n1/v14n1a18.pdf>. DOI: <https://doi.org/10.1590/S0104-11692006000100018>
6. Damion M, Moreira MC. Percepção do paciente sobre sua autonomia na Unidade de Terapia Intensiva. *Contextos Clín.* [Internet]. 2018 [cited in 05 Aug 2019]; 11(3):386-96. Available from: <http://www.revistas.unisinos.br/index.php/contextosclinicos/article/view/ctc.2018.113.09/60746519>
7. Carvalho DO, Santos NN, Silva AR, Carvalho GC. Percepção do profissional de enfermagem acerca do cuidado humanizado no ambiente hospitalar. *Rev Interdisciplin.* [Internet]. 2015 [cited in 05 Aug 2019]; 8(3):61-74. Available from:



- [https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/680/pdf\\_237](https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/680/pdf_237)
8. Liu T, Kiwak E, Tinetti M. Perceptions of hospital-dependent patients on their needs for hospitalization. *J Hosp Med*. [Internet]. 2017 [cited in 07 Aug 2019]; 12(6):450-3. Available from: <https://insights.ovid.com/johm/201706000/01445454-201706000-00010>. DOI: <https://doi.org/10.12788/jhm.2756>
  9. Oliveira JS, Suto CS, Silva RS. Tecnologias leves como práticas de enfermagem na atenção básica. *Rev Saúde Com*. [Internet]. 2016 [cited in 05 Aug 2019]; 12(3):613-21. Available from: <http://periodicos2.uesb.br/index.php/rsc/article/view/425/344>
  10. Ministério da Saúde (Br). Secretaria de Atenção à Saúde, Núcleo Técnico da Política Nacional de Humanização. *HumanizaSUS: documento base para gestores e trabalhadores do SUS*. Brasília, DF: Ministério da Saúde; 2010 [cited in 05 Aug 2019]. Available from: [http://bvsms.saude.gov.br/bvs/publicacoes/humanizasus\\_documento\\_gestores\\_trabalhadore\\_s\\_sus.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/humanizasus_documento_gestores_trabalhadore_s_sus.pdf)
  11. Hosseini FA, Momennasab M, Yektatalab S, Zareiyan A. Patients' perception of dignity in Iranian general hospital settings. *Nurs Ethics* [Internet]. 2019 [cited in 05 Aug 2019]; 26(6):1777-90. Available from: <https://journals.sagepub.com/doi/abs/10.1177/0969733018772078> DOI: <https://doi.org/10.1177/0969733018772078>
  12. Brito FM, Costa IC, Costa SF, Andrade CG, Santos KF, Francisco DP. Comunicação na iminência da morte: percepções e estratégia adotada para humanizar o cuidar em enfermagem. *Esc Anna Nery Rev Enferm*. [Internet]. 2014 [cited in 05 Aug 2019]; 18(2):317-22. Available from: <https://www.redalyc.org/pdf/1277/127730686020.pdf> DOI: <https://doi.org/10.5935/1414-8145.20140046>
  13. Mendes KD, Silveira RC, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto & Contexto Enferm*. [Internet]. 2008 [cited in 06 Aug 2019]; 17(4):758-64. Available from: <http://www.scielo.br/pdf/tce/v17n4/18.pdf>. DOI: <https://doi.org/10.1590/S0104-07072008000400018>
  14. Souza MT, Silva MD, Carvalho RD. Revisão integrativa: o que é e como fazer. *Einstein (São Paulo)* [Internet]. 2010 [cited in 26 July 2020]; 8(1):102-6. Available from: [https://www.scielo.br/pdf/eins/v8n1/pt\\_1679-4508-eins-8-1-0102](https://www.scielo.br/pdf/eins/v8n1/pt_1679-4508-eins-8-1-0102)
  15. Alasad JA, Tabar NA, Ahmad MM. Patients' experience of being in intensive care units. *J Crit Care* [Internet]. 2015 [cited in 18 Dec 2019]; 30(4):859-e7. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0883944115001306?via%3Dihub> DOI: <https://doi.org/10.1016/j.jcrc.2015.03.021>
  16. Al-Momani MM. Gap analysis between perceptions and expectations of medical-surgical patients in a public hospital in Saudi Arabia. *Med Princ Pract*. [Internet]. 2016 [cited in 18 Dec 2019]; 25(1):79-84. Available from: <https://www.karger.com/Article/Pdf/441000> DOI: <https://doi.org/10.1159/000441000>
  17. Bandurska E, Zarzezna-Baran M, Zielazny P. Wards in opinion of patients-a comparative study on the quality of nursing care. *Arch Psychiatr Nurs*. [Internet]. 2016 [cited in 18 Dec 2019]; 30(6):685-91. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0883941716300036>. DOI: <https://doi.org/10.1016/j.apnu.2016.03.006>
  18. Beccaria LM, Paleuco IC, Barbosa TP, Faria JI, Jacon JC. Internação em unidade coronária após cirurgia cardíaca: percepção do paciente e seu familiar. *CuidArte Enferm*. [Internet]. 2018 [cited in 18 Dec 2019]; 12(1):92-7. Available from: <http://www.webfipa.net/facfipa/ner/sumarios/cuidarte/2018v1/92.pdf>
  19. Garza-Hernández R, Melendez-Méndez C, Castillo-Martínez G, González-Salinas F, Fang-Huerta MD, Hidalgo HC. Surgical patients' perception about behaviors of humanized nursing

- care. *Hisp Health Care Int.* [Internet]. 2019 [cited in 18 Dec 2019]; 18(1):1540415319856326. Available from: <https://journals.sagepub.com/doi/abs/10.1177/1540415319856326?journalCode=hcia>. DOI: <https://doi.org/10.1177/1540415319856326>
20. Kullberg A, Sharp L, Johansson H, Bergenmar M. Information exchange in oncological inpatient care–Patient satisfaction, participation, and safety. *Eur J Oncol Nurs.* [Internet]. 2015 [cited in 18 Dec 2019]; 19(2):142-7. Available from: <https://www.cancernurse.eu/documents/EJONInformationExchangeInOncologicalInpatientCarePatientSatisfactionParticipationAndSafety.pdf>. DOI: <https://doi.org/10.1016/j.ejon.2014.10.005>
21. Martins PF, Perroca MG. Satisfação do paciente e acompanhante quanto ao atendimento de necessidades de cuidados de enfermagem. *Rev Eletr Enferm.* [Internet]. 2017 [cited in 18 Dec 2019]; 19:1-11. Available from: <https://revistas.ufg.br/fen/article/view/41138/23928>. DOI: <https://doi.org/10.5216/ree.v19.41138>
22. Silva N, Gabatz RI, Lemes RA. Percepção do paciente traumatológico acerca da assistência prestada durante a hospitalização. *Rev Enferm UFSM* [Internet]. 2016 [cited in 8 Dec 2019]; 6(3):393-403. Available from: <https://periodicos.ufsm.br/reufsm/article/view/21306/pdf>. DOI: <http://dx.doi.org/10.5902/2179769221306>
23. Suhonen R, Charalambous A, Berg A, Katajisto J, Lemonidou C, Patiraki E, et al. Hospitalised cancer patients' perceptions of individualised nursing care in four European countries. *Eur J Cancer Care* [Internet]. 2018 [cited in 8 Dec 2019]; 27(1):e12525. Available from: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/ecc.12525>. DOI: <https://doi.org/10.1111/ecc.12525>
24. Yan J, Liu K, Zhang L, Chu T, Wang X. Patient reporting of undesirable events: a pilot study in China. *Int J Qual Health Care* [Internet]. 2017 [cited in 8 Dec 2019]; 29(3):360-5. Available from: <https://academic.oup.com/intqhc/article/29/3/360/3065339>. DOI: <https://doi.org/10.1093/intqhc/mzx029>

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#### CONTRIBUTIONS

**Patricia Nunes Silva** participated in the conception, collection and analysis of data, writing and review. **Lúcia Aparecida Ferreira** contributed to the design and review.

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