ENGENHARIAS, TECNOLOGIA, GESTÃO E TURISMO
ENGINEERING, TECHNOLOGY, MANAGEMENT AND TOURISM
INGENIERÍA, TECNOLOGÍA, ADMINISTRACIÓN Y TURISMO

millenium 101

Millenium, *2*(2), 101-109.

A HUMANIZAÇÃO NA ASSISTÊNCIA AOS PACIENTES EM HEMODIÁLISE

HUMANIZATION OF CARE PATIENTS IN HEMODIALYSIS PROGRAMM

LA HUMANIZACIÓN EN LA ATENCIÓN DE LOS PACIENTES QUE RECIBEN HEMODIÁLISIS

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RECEBIDO: 04 de setembro de 2016
ACEITE: 12 de janeiro de 2017

RESUMO

Introdução: A conceção sobre a privacidade do cuidar em hemodiálise salienta que a pessoa é um ser no mundo que comporta várias dimensões, interage com o meio ambiente e vivencia experiências únicas que marcam a sua individualidade.

Objetivo: Identificar os focos de atenção nas práticas de cuidados prestados aos pacientes em programa regular de hemodiálise, que garantam o respeito pela sua individualidade e privacidade.

Métodos: Recorreu-se à abordagem qualitativa, seguindo os preceitos da fenomenografia, utilizando-se entrevista semiestruturada com uma questão aberta: Os pacientes em Programa Regular de Hemodiálise têm uma assistência médica, de enfermagem e de assistentes operacionais que garanta o respeito pela sua individualidade e privacidade? Efetuadas entrevistas a 12 profissionais de saúde a desempenhar funções em unidades de hemodiálise, cuja análise e interpretação dos dados, apresentaram como foco a descrição dos significados qualitativamente diferentes em dimensões de variação.

Resultados: Os profissionais de saúde desvelam atenção sobre a preservação da privacidade do cuidar em hemodiálise, nas práticas de cuidados, traduzidos pelas dimensões, espaço físico, exposição corporal, humanização dos cuidados e comunicação.

Conclusões: Nas dimensões percebidas, sobre preservação da privacidade durante os procedimentos em hemodiálise, os profissionais de saúde enfocam a atenção, que pela sua natureza e sequência revelam preocupações durante a execução dos procedimentos. O respeito pela individualidade e privacidade, considerados como necessidades humanas básicas a promover e a sua preservação, representam-se cuidados relevantes como garantia do respeito pelos pacientes em programa regular de hemodiálise.

Palavras-chave: Privacidade; Cuidados de Saúde; Enfermagem.

ABSTRACT

Introduction: The design on the privacy in hemodialysis stresses that the person is a being in the world that has various dimensions, interacts with the environment and experiences unique experiences that mark their individuality.

Objective: To identify the focus of attention on the practices of care for patients in regular hemodialysis program, guaranteeing respect for their individuality and privacy.

Methods: resorted to the qualitative approach, following the precepts of fenomenografia, using semi-structured interviews with only one open question: Patients in Hemodialysis regular program have a medical, nursing and operational assistants to ensure respect for their individuality and privacy? Twelve health professionals were interviewed to perform functions in hemodialysis units, whose analysis and interpretation of the data presented as a focus the description of the qualitatively different meanings in variation dimensions.

Results: Health care professionals reveal the preservation of the privacy of care in hemodialysis, in the care practices, translated by dimensions, physical space, body exposure, humanization of care and communication.

Conclusions: In the perceived dimensions, on the preservation of privacy during procedures on hemodialysis, healthcare professionals value the focus of attention which by their nature and sequence invoke concerns over the implementation of the procedures. Respect for individuality and privacy are considered a basic human need to be promoted and their preservation is an important care to guarantee respect for patients on regular hemodialysis.

Keywords: Privacy; Health Care; Nursing.

RESUMEN

Introducción: El diseño en la privacidad de la atención en la hemodiálisis hace hincapié en que la persona es un ser en el mundo que tiene varias dimensiones, interactúa con el medio ambiente y experimenta experiencias únicas que marcan su individualidad.

Objetivo: Identificar el foco de atención en las prácticas de atención a los pacientes en programa de hemodiálisis periódica, garantizando el respeto a su individualidad y privacidad.

Métodos: recurrió al enfoque cualitativo, siguiendo los preceptos de fenomenografia, a través de entrevistas semiestructuradas con sólo una cuestión abierta: Los pacientes en hemodiálisis programa regular tienen un médico, de enfermería y asistentes operativos para garantizar el respeto de los su individualidad y la privacidad? Las entrevistas se llevaron a cabo a 12

profesionales de la salud para realizar funciones en las unidades de hemodiálisis, cuyo análisis e interpretación de los datos presentados se centró en la descripción de cualitativamente diferentes significados en diferentes dimensiones.
Resultados: Los profesionales de salud revelan la atención en la preservación de la privacidad de la atención en hemodiálisis, en las prácticas de atención, traducidos por las dimensiones, espacio físico, visualización cuerpo, de humanización de la atención y la comunicación.
Conclusións: En las dimensiones percibidas, en la preservación de la privacidad durante los procedimientos en hemodiálisis, los profesionales sanitarios valoran el foco de atención que por su naturaleza y secuencia de invocar la preocupación por la aplicación de los procedimientos. El respeto a la individualidad y la privacidad son considerados una necesidad humana básica para ser promovidos y su preservación es una atención importante para garantizar el respeto de los pacientes en hemodiálisis periódica.

Palabras clave: Privacidad; Cuidado de Salud; Enfermería.

INTRODUCTION

The perception about privacy during the care practices shows the person as a being in the world that involves various dimensions, interacts with the environment and experience unique experiences that mark their individuality (Watson, 2008). The essence of nursing, as well as of other areas of knowledge requires an understanding of the other's needs and its significance, guiding their practices by the values essential to human nature.
"Take care of the person" and the "touch the body" are also therapeutic interactions that relate to privacy and therefore go beyond the traditional obligations of information concerning the person and are under a duty to respect for human dignity. Nursing care happens, often, physical exposure, the communication of personal data or non-verbalized "touch". The essentials of science and art of care is to preserve intimacy. Disregard for privacy constitutes a real threat to the internal equilibrium of each human being and prevent to respond to their basic needs and, consequently, solve their internal conflicts (Watson, 2002).
Despite the efforts of health care professionals in order to humanize the care, this task is difficult in hemodialysis units, as it requires individual and collective attitudes to privacy are respected, the individuality and dignity of patients. These, in addition to suffering by biological impairment, show discomfort and embarrassment to stay often exposed by the invasion of his privacy. The loss of privacy can lead to a high stress levels increase and pain during treatment. We take privacy as a basic human need to be promoted, so preserve it presents itself as a value and a right, ensuring respect for the patient (Soares & Dall Agnol ´, 2011).
The concern for privacy has been subject of several investigations worldwide (Leino-Kilpi, Välimäki, Dassen, Gasull, Lemonidou & Schopp, 2003; Baggio, Pomatti, Bettinelli & Erdmann, 2011), in order to ensure its preservation as a universal right. In Portugal is guaranteed and ensured by the Constitution of the Portuguese Republic, articles 26 and 64; in the Charter of rights of hospitalized patients and at the United Nations and in the Universal Declaration of human rights in 1984, article 12 .
The curious to study this issue resulted from various concerns and reflections of the authors ' careers in various contexts, whether at the level of clinical practice, as well as in teaching, with regard to all issues involving the privacy of patients under hemodialysis treatment. Focusing on these concerns, the purpose of this research is to obtain the views of a particular group of health professionals who have experience in relation to the phenomenon of care privacy preservation in hemodialysis, in order to get a holistic view of the set of qualitatively different perceptions. In this sense, the goal is to identify the foci of attention care practices to patients on regular dialysis program, guaranteeing the respect for their individuality and privacy.

1 - METHODS

Developed a qualitative study, descriptive exploratory and analytical type, following the precepts of fenomenography, resorting to the use of interview with just an open issue: patients on regular dialysis program have medical, nursing and operational assistants that guarantees respect for their individuality and privacy?
The number of participants was not determined at the outset, but set in the course of the production process of empirical data, considered sufficient for an understanding of the phenomenon under study. Based on the assumption that in qualitative research the selection of participants is intended, when the purpose of the researcher is to have a selected sample of participants who can better contribute to the research, making a selection of information rich cases for in-depth study (Fortin, Côté & Filion, 2009). Were interviewed 12 health professionals (4 nephrologists, 4 nurses and 4 operational assistants) and each

interview was identified with a number according to their realization (E1 ... E12). Considered as criteria for inclusion: perform functions in hemodialysis units of Portugal and accept to participate in the study.
In the methodological path was guaranteed the respect of all the assumptions inherent in the deontological ethics of research and pointed out in the Declaration of Helsinki. To carry out the interviews we have provided the respective formal authorization of the units involved, paying particular attention to obtaining the informed consent of all participants.
The data collection took place between June and September 2011, a place previously prepared, so as to provide a calm environment. Each participant was previously contacted to schedule the time and date of the interview. Each interview was identified with a number, according to their realization (E1 ... E12), your transcript is made in full, a task performed by us, using a word processing program, which has enabled us to recover part of the environment, the hesitations, the expressions, the feelings with which these us reported phenomenon under study.
The analysis and interpretation of the data were based on fenomenography showing how to focus the analysis of dimensions. The use of fenomenography structure, "result space", allowed the analytical representations: categories of description and a description of the qualitatively different meanings and dimensions of variation (Akerlind, Bowden & Green, 2005).
All interviews were transformed into documents with extension RTF (Rich Text Format). To build the base of the data collected, we used the Qualitative software Solutions Research 10 Nvivo (QSR Nvivo).

Four areas have been identified, structured in dimensions regarding semantics, describing the approach of the systems of meanings assigned by participants in the provision of health care in hemodialysis, regarding: the expressions used by health professionals about the perception of privacy in hemodialysis units, reasons to preserve privacy and ways of how to report and experience it.

2 - RESULTS AND DISCUSSION

Aiming at the scientific quality of the study are based the critical differentiators, qualitatively different experience shapes and descriptions of the experience/understanding phenomenon modes (Akerlind, Bowden & Green, 2005).
The categorization process of the health professional's reports emerged four dimensions presented and analysed below.

Physical Space

Man, as a social being, organizes himself within physical surroundings and relates to others within a physical environment. The concept of physical space is variable, because it depends on the size of the hemodialysis rooms and the number of monitors in them. According to the scientific literature (& Guirardello Milanez Gasparino, 2006), the space is often flouted, including by members of the health team, perhaps because these people don't identify the physical needs or territorial patients, corroborating the account of that, *unfortunately, the logistics of hemodialysis and the need to monetize costs, privacy is not preserved during the sessions* (E1).
During the treatment procedures of dialysis patients, professionals often need to invade your space, however it is crucial that these, identify the negative feelings expressed by patients against invasion of their personal space and territory, in order to minimize these feelings and provide a better adaptation of the patient during the treatment period under hemodialysis, as mentioned, *about privacy although try to keep is always difficult, because patients are in an open room, side by side, thus limiting the interventions needed to be made to patients during dialysis* (E2).
The need for improvement of architectural spaces of these units leaves no doubt about his contribution to the well-being of all who use them. Due to the intensity of the treatment, the need for quality of these spaces, which should be ample and comfortable as possible. The distance between the armchairs must be adequate to provide comfort and privacy, favoring the functionality and space organization, without losing the focus on environmental and visual comfort (Gasparino & Guirardello, 2006; Ribeiro, 2008).
According to Portuguese law, hemodialysis units shall comply with those set out in article 49 and article 51 of Decree-Law No. 505/99 of November 20, on amendments to the Decree-Law No. 241/2000 of September 26 and technical recommendations for hemodialysis services Central Administration of Health Services (ACSS) dated June 2011, setting the requirements the dialysis units shall comply with regard to facilities , organization and functioning, in order to ensure the technical quality and assistance to patients on Regular Dialysis Program, in order to comply with the legal provisions relating to physical space.
We must reiterate the speech, *the number and patients in need of dialysis has been increasing progressively in recent years* (E3).
According to the legislative recommendations in structural terms of dialysis units and the technical recommendations of the ACSS, dialysis rooms must have the following characteristics: easy access to exterior and concourses with at least 1 m wide;

appropriate natural or artificial light; adequate aeration and regulating the room temperature (max. 25° C and minimum 18ºc); 1.8 m wide and 2.5 m in length for each rank of hemodialysis and easy movement. Considering these recommendations, the results reveal there are aspects to improve in particular the space between units, physical separators between patients (not only walls and curtains); decrease of noise which causes in conversations between patients and the doctor with the patient and the patient with the nurse. A qualitative study (Ribeiro, 2008) about significant situations in context of hemodialysis, the authors state that these units should have an appropriate physical space to carry out treatments on dialysis, in which is assigned a very high degree of importance to the comfort.
It is considered that the terms privacy and dignity are interrelated concepts. The dignity incorporates many features of the individual privacy, such as respect for the person, the privacy of the body, space and privacy (Pietrovski & Dall'Agnol, 2006).

Body Exposure
Healthcare allows his actors access to the body and to information about the conditions of life and health of those who seek the care and service. In the hospital environment often emerging issues involving the privacy of the patient (Woogara, 2004). In a study performed in hospitalized patients, the authors report that patients state that exposure occurs in your body and others, notoriously, during the procedures performed by the nursing staff, such as: bath, hygiene, clothes, wound care, among others. This exposure, sometimes unnecessary, causes embarrassment, discomfort, anxiety, insecurity and psychological stress.

When we provide health care, concern about bodily exposure is present, however, due to the existing physical space according to each context and on our research in hemodialysis units, this is not always possible, according to testimony, *the privacy of patients is not preserved during sessions with physical exposure to other patients and health professionals, there is an effort by the multidisciplinary team in minimizing this aspect but it is not always possible to guarantee in the case of complications such as vomiting, diarrhea, a PCR* (E1, E3). This situation goes against the established by the Central Association of Health Service when it refers that treatment stations that are in open space, shall provide the possibility of isolation of each patient, if necessary by separators.
Front of the impotence felt by patients often display your body and the body of another during hemodialysis care, it is important to reference the featured role of nurse, which must adopt a critical and reflective stance by putting in evidence the skills required in the act of procedure with the person in dialysis treatment (Soares & Dall´Agnol, 2011). Some reports have shown the importance of these competences of the health team, contributing or providing to the patients the privacy required in terms of body exposure, *with my training and experience would like to be able to say with any conviction that this exposure is always safeguarded, the truth is that it is not always possible to do so, although it's always hard to try by the existing structure of the dialysis rooms where space is very conditioned* (E6).
In a study it was found that nursing touches the body and exposes the patient, often without asking, adopting a power stance (Akerlind, Bowden & Green, 2005). The patient presents feelings as embarrassment and shame, however little questions this invasion, believing it necessary for their treatment. Some inconsistency concerning this study findings stands, through the reports experienced by health professionals, *verbalizing that privacy in the body of patients exposure in regular hemodialysis program is always a barrier is broken by his own patients, due to their chronic disease situation, simultaneously it is a pity that the dialysis rooms cannot prevent this situation from happening but they like to be together* (E8).
In all situations, the requirements of the healthcare practice at this level of exposure can evolve, keeping in mind the dignity of a person, how to explain the reports *I think with mutual effort will we be able to achieve this level of quality in care, we do our best and as we know this type of patients, we have shared with them every day we try to preserve the body with the curtains and screens, ensuring care practice with respect and excellence* (E12).

In some cultures you learn that expose the body is not suitable, being referenced implicitly with the nudity and consequently repressed cultural standards. However, it is important to emphasize the rights of people and the health professionals who are in constant contact with this exhibition, it becomes essential to safeguard these rights. In the dialysis units are witnessing investment body accented in the name of efficiency and technological innovation and the frequent questions about the results of the work done. This invasive property, challenges and guides the nurse to a practice where the care of the body about the spirit and the suppression of sensitivity are required in the name of science that we need to raise awareness (Pupulim & Sawada, 2002; Smith, 2010).

Humanization of care
Several studies have been developed at the present time within the humanization of care nursing science.

According to the authors of a systematic review study (Simões, Rodrigues & Salgueiro, 2008), in theoretical and practical legacy of nursing sciences found a wide field of knowledge about humanization of care, built by different schools, in particular the definition of nursing and self-care deficit theory of nursing school the needs; the model of relationship person-to-person interaction's school; the model of unitary human beings and human becoming theory of unit human being school; the theory of diversity and universality of cultural care and the philosophy and science of the care.
The same authors mention that health professionals understand the true dimension of human suffering, when they enter the intimacy of the patient, due to the needs of the treatment, seeking to treat the patient as a human being, and conducting the procedure at the height of human dignity (Simões, Rodrigues & Salgueiro, 2008). However, not even health care professionals, caregivers, they always manage to be immune to the trend of devaluation of the human factor, *despite the current policy in that the amount exceeds the quality, I think we can still maintain privacy and individuality of the patient as a person, with much mutual effort we can achieve a higher level of quality of care* (E4).
In Portugal, the results of an investigation (Carvalho, 1996) on the theme "humanism and nursing", show a crisis at this level of performance, the loss of the holistic view of the patient, by the installation routine over the years of the nurse action and the progressive shortages in communication/relationship, going to meet the reported by the participants, to the point that *in the current economic climate, the numbers have a great weight and quality starts losing ground* (E6).

In Brazilian society, in order to meet the population's health needs, the Unified Health System (SUS) was created, guided by, among others, the principles of integrality of care, universality of access, search for equity and incorporation of new knowledge and practices (Marin, Storniolo & Moravcik, 2010). In this sense, the National Policy of Humanization is a new model of attention, imposing to the health professionals the co-responsibility for the improvement of humanization (Ministry of health of Brazil, 2006).
In a study that aimed to know the meaning that nursing professionals attach to the term "humanization" and see how the employ clinical practices, the humanization also called the virtues is evidenced primarily by the care. Take care refers to feelings such as love, friendship and healing (Collière, 2003). It can be said, then, that healing does not occur solely by technical knowledge, but especially by the universal sense of friendship and love, expressed in the care. So, leave to care for would be to go against human nature and become mechanistic only. What seems to occur is the gradual oblivion of this humanity. Arises, then, the neologism "humanization" to face the process of dehumanization. Soon, "humanization" or "humanized" care suggest a way to soften the consequences of the care system itself. In this sense, *the humanization is only achieved if are humanized care ... I think that despite all the ups and downs for a great effort on the part of nurses in care taking into account individuality of patients* (E6).
It is appropriate to point out that the humanization of care in haemodialysis units passing through the respect for the individuality of the person, at the same time raises a lack of holistic person, extrapolating the physical understanding of the disease and contemplating the psychological, social and spiritual aspects that, directly or indirectly, influence the health-disease process. Health professionals, as actors who stay too long with the patient, having as object of care work, which seeks to establish links, build relationships and get to know each other, must be agents in health promotion and boosters in the emotional well-being of patients in dialysis, so that they offend the disease process, as well as the treatments in a more positive perspective.
Health care should be provided humane and holistic and in the light of an integrated approach, including emotional care, more comprehensive and personalized to your patients, glimpsing a quality assistance (Corbani, Brêtas & Matheus, 2009).
The humanization can and should be done through words of affection, comfort and safety, during the numerous interventions. A special case is not required to provide a humanized, just optimize the time and offer respect for difference of each patient to ensure quality in routine procedures.

Communication
In a study that aimed to enhance communication as a basic tool in the humanized care process, it should be noted that communication is inherent to human behaviour and permeates all actions in the performance of their duties (Morais, Costa, Fontes & Carneiro, 2009), *the essence of caring in nursing is in communicating* (E6).
Etymologically, the term communicate comes from the Latin *comunicare* and means *put in common*. So, communication can be understood as a process of exchange and understanding of messages sent and received, from which people perceive and share the meaning of ideas, thoughts and purposes.
Communication involves interpersonal competence in interactions and is the basis of the relationship between human beings, besides being a vital and reciprocal process able to influence and affect people's behavior.

The communicative act, such as interactive and interpretive phenomenon, reveals the relationship required between human beings, since it is from the communicational process we share experiences, anxieties and insecurities while we satisfy our needs while beings of *insufficient patient relationship is a very demanding patient Kidney in the various facets of its pathology, the extent of tieing-in of an invasive technique several times a week the abrupt fluctuations in physiological terms, the uncertainty of the future, compounded with all the complications of technique and the natural revolt, lead nurse having to develop the communication in order to be able to provide any welfare to these patients* (E6).
The communication sets up a crucial factor in understanding the experienced by the people. It is essential for nursing care, in order to discern better patient care, which is experiencing feelings like anxiety and stress arising from the process of disease, being a fundamental tool for integral care and humanized because, through it, it is possible to recognize and accommodate the needs of the patient (França, Costa, Lopes, Nóbrega & França, 2013).
At the hospital, more precisely in hemodialysis units, communication allows a genuine care to the patient and not a simple treat, because allows this externalize your requirements in the search for solutions, with an emphasis on their individuality, promoting interpersonal relationship as proposal to minimize the process of depersonalization experienced by being hospitalized. From comprehensive care, you should understand the human being as a biological, psychological, social and spiritual and not be fragmented into various physiological systems.
Communication is the central axis in the act of caring for and handle, and should be considered not only as a humanizing act, but also as one of the deciding factors, along with the competence, efficiency and effectiveness of a specific quality of health service, as reported by the participants indicates to mention that many times the capacity of the rooms makes the communication with the patient and other health professionals *, hemodialysis room is packed which makes it impossible, in that space, have a conversation with the patient that allows complete privacy* (E5 and E6).
Currently therapeutic communication is a key aspect in the autonomous interventions of nurses, constituting a powerful and decisive in the process of care (Morais, Costa, Fontes & Carneiro, 2009). In this sense, health-care professionals to highlight their behaviors, taking into account the privacy of patients on regular dialysis program, have a duty to intervene in order to establish a relationship of trust and empathy considered essential for the creation of contexts, in which health professionals can actively interact with patients to explore their needs , developing strategies to maximize privacy in care units (Moura, 2006) and intersect, care routines requiring changes in own paradigm of health and in the dynamics of the work, in addition to reflections on personal and professional values (Ferreira, Gozzo, Panobianco & Santos, 2015).
Stress that the appreciation of hemodialysis care privacy and its elements is common in lack of the different participants of the study, being recognized its importance as an indicator of excellence in health care.
As limitation, considered the reduced sample size, caused by saturation of data the interviews conducted at different professional categories (nephrologists, nurses and assistants).
The study stand out alerts, opening up new guidelines for further investigation so that the understanding of the phenomenon may contribute significantly to nursing and the privacy concept incorporates the same importance in daily care practice, like any other nursing care considered fundamental.

CONCLUSIONS

The speeches brought by health professionals working in the hemodialysis units unveil focuses attention on the preservation of the privacy of care in hemodialysis, in their care practices, translated through the dimensions, physical space, body exposure, humanization of care and communication.
For the participants, the physical space dimension emerges as a relevant property in the privacy of hemodialysis care, claiming an architectonic structure conducive to privacy care, referring to the importance of the application of the consigned in the technical recommendations and the legislated. This placement of professionals, help to realize the exhibition body dimension, valued as display of intimacy and condition only to the person who experiences it.

In sequence, it is urgent to demand attention, to the dimension humanization of the care that complements the sense of the dimensions physical space and exposure of the body. The harmony that stands out in the sequence of dimensions reinforces what nursing patrimony advocates and peculiarizes it as a discipline.
Of the findings in the context of the care of privacy in dialysis stands out dimension of communication, which orients to the contextual properties of interaction in the care. This dimension calls for a climate of emotional security and mutual trust, regarded as essential in the care of privacy in hemodialysis.

Questioning the practices of health professionals about the preservation of the patients privacy on a regular dialysis program, are valued foci of attention that by their nature and following concerns in invoke.

Respect for the individuality and privacy are assumed by the professionals of health as a basic human need to be promoted and their preservation represents a careful relevant to guarantee respect for patients, compared with foci of attention considered in physical space dimension, exposure of the body, in the humanization of care inherent and underlying communication.

This success would be worthy of greater discussion and questioning about the preservation of the privacy of care in hemodialysis, constituting themselves as public policy of national scope and demarcating its uniqueness compared to other health policies. Not infrequently, the policies are constructed by induction of the incipient State and with understanding to the social actors with regard to their guidelines and strategies. Generally, it is expected that their regulatory frameworks are appropriate and faithfully carried out. Discuss the understandings built between policy makers and agents of policies would be a fertile path, but would object to other research.

The option for the hemodialysis units private scenarios of Portugal, although no evidence of prejudice to the study, we took it as limitation by enlargement to hemodialysis units public contexts.

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