

HUMANIZATION OF NURSING CARE FOR OLDER ADULTS IN URGENT AND EMERGENCY CARE SERVICES: AN INTEGRATIVE LITERATURE REVIEW

Juliane Fonseca¹

Neide Cordeiro de Oliveira Marins²

Abstract: Population aging has increased the presence of older adults in health services, making care that considers not only clinical conditions but also the individual needs of this population necessary. This study aimed to identify strategies for humanizing nursing care for older adults in urgent and emergency care services. This is an integrative literature review conducted using SciELO, BVS/LILACS Plus and PubMed, considering studies published between January 2019 and June 2026. A total of 520 records were identified and, after duplicate removal and application of the eligibility criteria, five studies comprised the final sample. The results highlighted welcoming and skilled listening, effective communication, relationship building, respect for autonomy, participation of older adults and their families in care, comprehensive assessment, the use of specific protocols and professional training as the main humanization strategies. Barriers related to overcrowding, waiting times, human resource limitations, inadequate physical infrastructure and compromised privacy and individuality were also identified. It is concluded that humanized care for older adults in urgent and emergency care services involves both the relationships established during care and the conditions provided by the services, with practices that respect the autonomy, particularities and needs of each older adult being essential.

Keywords: Older Adults; Humanization of Care; Nursing Care; Emergency Medical Services.

¹ Undergraduate nursing student at Santacruz University Center

² Undergraduate nursing student at Santacruz University Center



INTRODUCTION

Population aging has intensified in recent decades, bringing changes to the demands placed on the health system. According to the Pan American Health Organization (OPAS), the global population aged 60 years or older is expected to reach nearly 2,1 billion people by 2050 (OPAS, 2022). In this context, urgent and emergency care services play an important role in caring for older adults.

Among the services used by older adults are urgent and emergency care services, which require, in addition to addressing the clinical conditions prompting the visit, comprehensive attention to their physical, emotional and social needs. In this respect, humanizing care for older adults becomes a fundamental element in ensuring dignity and a welcoming approach to care. The nursing team plays an indispensable role in this process, as it is directly involved in assessing, welcoming and monitoring patients during their stay in urgent and emergency care units.

Thus, urgent and emergency care services are characterized by high demand and the need for rapid care, which may hinder humanized care for older adults. It is therefore relevant to understand which strategies for humanizing nursing care have been described in the literature for this context.

Given this scenario, it is relevant to investigate how nursing has incorporated the principles of the PNH into the care of older adults in urgent and emergency situations. An integrative review emerges as an appropriate method for gathering scientific evidence, identifying successful practices and highlighting persistent challenges, contributing to strengthening humanized care and reaffirming nursing's ethical and professional commitment to the dignity of older adults.

RESEARCH PROBLEM

What strategies for humanizing nursing care for older adults are described in the



literature in the context of urgent and emergency care services?

RATIONALE

Population aging has increased the presence of older adults in health services, particularly in urgent and emergency care services. In this context, nursing care must consider the clinical and individual needs of older adults, valuing humanized care rather than solely the technical perspective of care delivery.

Urgent and emergency care services have their own policies, such as the need for rapid care, high demand and the feasibility of available resources, which may pose challenges to the provision of humanized care. Studies on humanization in these services highlight welcoming with risk classification as an important instrument of the National Humanization Policy, while also identifying barriers related to service infrastructure, the organization of the care network and multiprofessional work (SOUSA et al., 2019).

Given this scenario, it is relevant to understand which strategies for humanizing nursing care have been described in the literature for the care of older adults in urgent and emergency care services, enabling a broader understanding of humanization practices directed toward the older population through an integrative review.

SOCIAL RELEVANCE

This research has social relevance because it addresses a topic directly related to the quality of care provided to the older population, a group that continues to grow in Brazil and requires increasingly complex care. The humanization of care contributes to promoting welcoming practices, respect for human dignity, recognition of autonomy and the protection of older adults' rights, all of which are fundamental to comprehensive care centered on individual needs. Thus, reflection on humanized practices in urgent and emergency care services may foster improvements in care and strengthen the quality of services provided to the population.



SCIENTIFIC RELEVANCE

From a scientific standpoint, conducting this integrative review will enable the identification, analysis and synthesis of the evidence available in the literature on the humanization of nursing care for older adults in urgent and emergency care services. In addition to bringing together the knowledge produced on the topic, the study will make it possible to identify existing gaps, highlight challenges faced by professionals and recognize strategies that support the implementation of humanized practices. Thus, the research will contribute to strengthening evidence-based nursing and may inform future investigations on the topic.

PROFESSIONAL RELEVANCE

From a professional perspective, this study may contribute to improving nursing practice by highlighting strategies and actions that support the humanization of care for older adults in urgent and emergency settings. The findings may help professionals and students reflect on the importance of welcoming practices, effective communication, skilled listening and comprehensive care, strengthening essential competencies for the provision of ethical, safe and humanized care.

FINAL CONSIDERATIONS ON THE RATIONALE

Thus, this research is justified by the need to systematize the scientific knowledge produced on the humanization of nursing care for older adults in urgent and emergency care units, providing theoretical and practical foundations for improving care activities. The findings are expected to contribute to improving the quality of care provided, strengthening humanization policies and upholding the dignity and rights of older adults in health services.



OBJECTIVES

GENERAL OBJECTIVE

To identify strategies for humanizing nursing care for older adults in urgent and emergency care services.

SPECIFIC OBJECTIVES

- * To identify the main humanization strategies described in the literature in the context of urgent and emergency care services.

- * To describe the main barriers and facilitators related to the implementation of humanized nursing care for older adults in urgent and emergency care services.

- * To synthesize the evidence found in the literature on strategies for humanizing nursing care for older adults in urgent and emergency care services.

THEORETICAL FRAMEWORK

POPULATION AGING AND ITS SOCIAL IMPACTS

Population aging is a global phenomenon that has intensified in recent decades, transforming social structures and healthcare systems. According to the Pan American Health Organization (OPAS), in 2020, for the first time, the number of people aged 60 or older exceeded the number of children under five years of age. This process is expected to continue, with the global population of older adults projected to reach nearly 2,1 billion by 2050 (OPAS, 2022).

In Brazil, data from the Brazilian Institute of Geography and Statistics (IBGE) confirm the trend toward population aging. According to the 2022 Demographic Census, the country had 32,1 million people aged 60 or older, corresponding to 15,8% of the population. In 2010, this group represented 10,8% of the Brazilian population, demonstrating the increasing proportion of older adults in the country's age structure (IBGE, 2023).

This situation reinforces the need to rethink care for older adults, understanding it not



merely as medical care, but as an act of respect for human dignity, citizenship and social inclusion. The Statute of the Older Person (Law No. 10.741/2003), updated by Law No. 14.423/2022, constitutes an essential legal milestone in ensuring fundamental rights, such as health, transportation, protection against discrimination and priority access to services (BRASIL, 2022).

HUMANIZATION AS A PRINCIPLE OF HEALTHCARE

The National Humanization Policy (PNH), established by the Ministry of Health, proposes person-centered care grounded in skilled listening, welcoming practices and recognition of subjectivity. According to Ayres (2004), healthcare must consider the individual beyond the application of techniques, valuing dialogue, interaction between professionals and patients and individuals' participation in decisions regarding their own care. For Waldow and Borges (2011), care is not restricted to technical and scientific actions, but involves a broader understanding of human beings, considering their wholeness, subjectivity and the ethical dimensions present in the caring relationship. Boff (1999), in turn, states that “caring is more than a professional gesture, it is an ethical and loving attitude toward life, which implies responsibility and commitment to human well-being”.

Humanized care for older adults requires professionals to recognize the particularities inherent in the aging process, including physical limitations, sensory deficits, emotional frailty and greater social vulnerability. Effective communication and respect for autonomy constitute fundamental elements in ensuring safe and person-centered care.

THE ROLE OF THE NURSING TEAM IN HUMANIZED CARE FOR OLDER ADULTS

Nurses play a fundamental role in promoting humanized care for older adults, working from initial reception through continuity of care. Their responsibilities include comprehensive patient assessment, identification of biopsychosocial needs, communication



with family members, care management and implementation of strategies that promote patient comfort and safety.

According to Waldow and Borges (2011), nursing care goes beyond performing technical procedures. It involves attention to individuals' needs, respect for their individuality and a caring relationship that considers their experiences and particularities.

Humanized care involves empathy, sensitivity and effective communication, elements that strengthen the bond between professionals and patients and contribute to physical and emotional recovery. Active listening and comforting touch are therapeutic tools that promote comfort and safety, especially in moments of vulnerability. In this context, Boff (1999) understands care as an attitude that goes beyond a moment of attention and involves concern, responsibility and emotional engagement with others.

HUMANIZATION IN URGENT AND EMERGENCY CARE UNITS

Urgent and emergency care services play a fundamental role in healthcare and care for older adults, Emergency Care Units, for example, established in 2009 under the National Policy for Emergency Care (PNAU), provide services designed to reorganize the flow of urgent care, seeking to reduce hospital overcrowding and ensure greater effectiveness in immediate care, in coordination with the Mobile Emergency Medical Service (SAMU), primary care and the hospital network (BRASIL, 2013).

Humanization in these units, represents a constant challenge, as the urgent care environment requires agility and precision, but also empathy and a welcoming approach. Nursing professionals must balance technical skills with sensitivity, respecting older adults' pace and emotions. Clear communication, attentive observation and respect for patient autonomy are practices that strengthen comprehensive care and reduce suffering in situations of vulnerability.



ETHICS, SENSITIVITY AND COMPREHENSIVENESS IN CARE

Humanization in nursing is underpinned by ethical principles that value life and human dignity. Ayres (2004) argues that care should be viewed as a relationship of otherness, in which professionals recognize others as subjects of rights rather than objects of intervention. This perspective broadens the concept of health, encompassing affective, social and spiritual dimensions.

Sensitivity in caring for older adults is an exercise in empathy and respect, requiring professionals to possess not only technical knowledge, but also emotional and ethical maturity. Comprehensive care, as advocated by the Unified Health System (SUS), entails addressing all of an individual's needs, promoting physical, psychological and social well-being.

METHOD

This is an integrative literature review, based on the method proposed by Mendes, Silveira and Galvão (2008). The review was structured into stages comprising topic identification and formulation of the guiding question, establishment of eligibility criteria, study search and selection, data extraction, critical appraisal, analysis and synthesis of results. The study selection and presentation process was reported in accordance with the PRISMA 2020 recommendations (PAGE et al., 2021).

The first stage consisted of identifying the topic and formulating the guiding question. The study focused primarily on the humanization of nursing care for older adults in urgent and emergency care settings. The guiding question was what are the strategies for humanizing nursing care for older adults in urgent and emergency situations?

The PICO (Population, Interest and Context) strategy, considered appropriate for descriptive and qualitative questions, was used to structure the guiding question. Thus, the following were defined: P (Population): older adults; I (Interest): strategies for humanizing nursing care; Co (Context): urgent and emergency care services.



In the second stage, before conducting the definitive searches, exploratory searches were performed, including those undertaken during the development of the preliminary project and further tests conducted on September 10 and 11, 2026, with the aim of identifying the availability of studies on the topic, assessing the suitability of the search terms and strategies subsequently used. At this stage, different combinations of descriptors related to older adults, nursing, humanization, welcoming care and urgent and emergency care services were tested. The results of these searches were exploratory and, therefore, were not counted in the identification and selection process presented in the PRISMA 2020 flow diagram.

Following the exploratory stage and the definition of the search strategy, definitive searches were conducted and confirmed in the three selected sources. The PubMed search was conducted on September 15, 2026, the BVS search, restricted to the LILACS Plus collection, on September 16, 2026, and the SciELO search, on September 18, 2026. For the definitive searches, the period from January 1, 2019 to June 30, 2026 was adopted. The records retrieved at this stage constituted the set used for identification, deduplication, screening and selection of studies for the review.

In SciELO, four search strategies were employed, namely, older adult AND emergency AND nursing, with 66 records; older adult AND urgent care AND nursing, with 72 records; older adult AND emergency AND welcoming care, with 4 records, and older adult AND emergency AND nursing care, with 18 records, totaling 160 occurrences.

On the BVS website, 6 strategies were used, with the search restricted to the LILACS Plus collection, older adult AND emergency AND nursing which yielded 118 records; older adult AND urgent care AND nursing 122 results; older adult AND humanization AND emergency 11 results; older adult AND welcoming care AND emergency 18 results; older adult AND "humanization of care" AND nursing 43 results; and older adult AND "emergency medical services" AND nursing 33 results, totaling 345 occurrences.

In PubMed, the search strategy combined controlled terms from Medical Subject Headings and free-text terms related to the older population, urgent and emergency care services and nursing care/person-centered care, taking the following form:

("Idoso"[Mesh] OR "adulto mais velho*" [tiab] OR idoso[tiab] OR "pessoas



idosas"[tiab]) AND ("Serviço Hospitalar de Emergência"[Mesh] OR "departamento de emergência*"[tiab] OR "atendimento de emergência"[tiab] OR "atendimento de urgência"[tiab]) AND ("Cuidados de Enfermagem"[Mesh] OR "Assistência Centrada no Paciente"[Mesh] OR "cuidados de enfermagem"[tiab] OR "assistência centrada no paciente"[tiab] OR "assistência centrada na pessoa"[tiab] OR humaniz*[tiab]) AND 2019/01/01:2026/06/30[dp].

The PubMed search was conducted according to the website's available search options and yielded 15 records in total. Thus, the searches conducted across the three websites initially identified 520 records.

In the third stage, the study inclusion and exclusion criteria were established. Full-length scientific articles available in full text, published between January 1, 2019 and June 30, 2026, were included if they addressed the humanization of nursing care for older adults in urgent and emergency care services and presented findings related to the humanization of nursing care, welcoming practices or care practices for older adults, thereby addressing the guiding question.

Study screening and selection were conducted jointly by the two authors, Juliane and Neide, by applying the established inclusion and exclusion criteria and considering the studies' relevance to the guiding question. Initially, the article titles and then the abstracts of the retrieved records were examined. In cases of uncertainty or disagreement regarding the information in the texts, the authors discussed the study, and the final decision was reached by consensus. When eligibility could not be reliably determined solely by reading the title and abstract, the articles were set aside for full-text reading. Subsequently, the full texts were assessed in terms of their population, context and reported findings in relation to the guiding question, with the final inclusion or exclusion decision also reached by consensus and the primary reason for exclusion recorded when applicable.

Duplicate articles, reviews, master's dissertations, doctoral theses and final degree projects were excluded, as were studies whose population or research focus did not correspond to the guiding question. Of the 520 search records, 284 duplicates were removed, leaving 236 records selected for the screening stage. At this stage, 227 records were excluded,



leaving nine studies for full-text assessment.

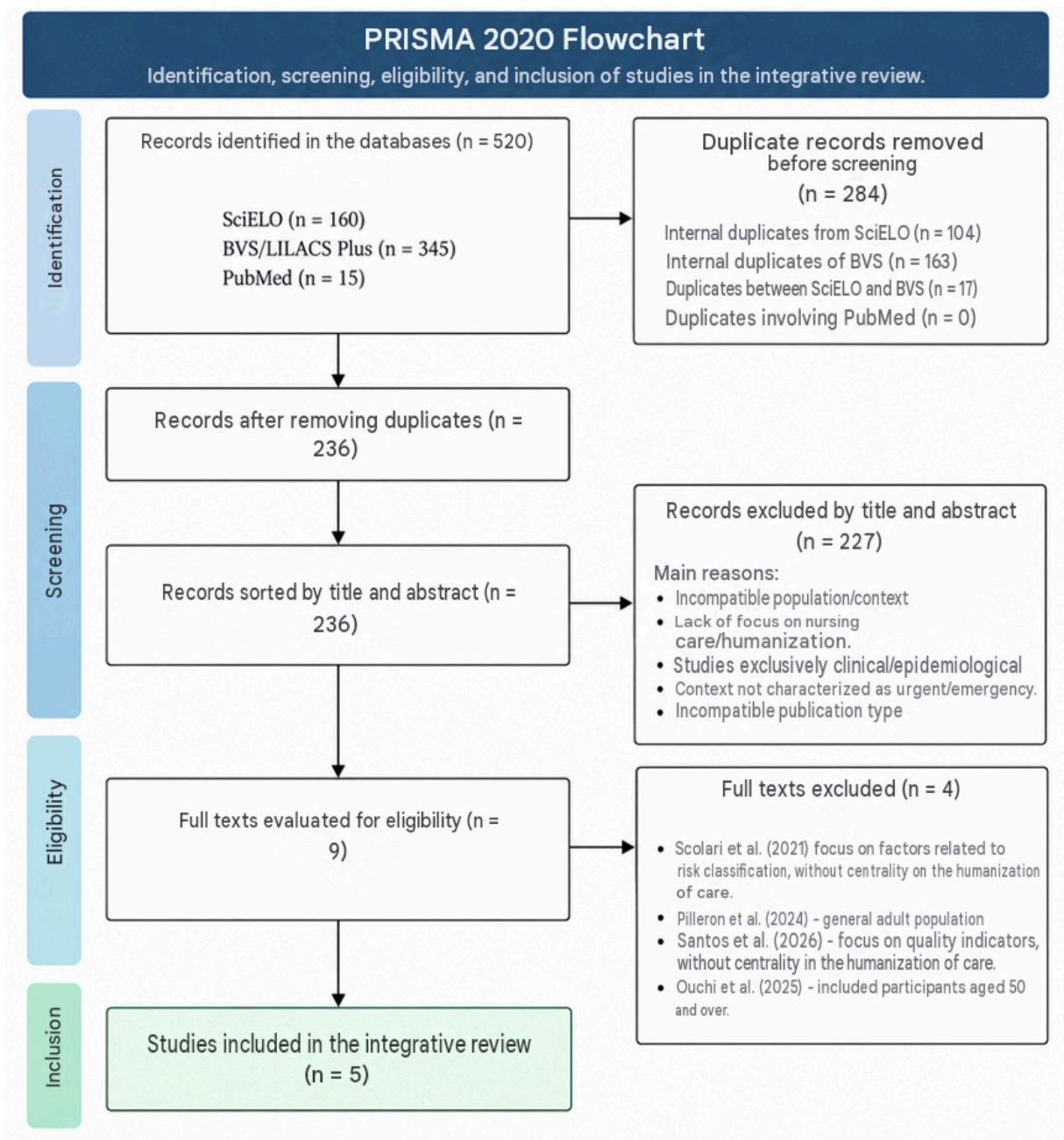
At the eligibility stage, the nine articles were read in full and assessed in terms of their population, research focus and ability to answer the guiding question. Four studies were excluded after full-text reading, one because it focused predominantly on factors related to triage, without focusing on the humanization of nursing care, one because it investigated the general adult population, one because it focused on developing quality indicators, with insufficient focus on the humanization of nursing care; and one because it included participants aged 50 years and older, thus not meeting the adopted objective of focusing on the older adult population.

The critical appraisal of the included studies was conducted with consideration of their methodological designs. For the four qualitative studies, the JBI Critical Appraisal Checklist for Qualitative Research was used, comprising ten criteria related to congruity among the theoretical perspective, methodology, objectives, data collection, analysis and interpretation, researcher positioning and influence, participant representation, ethical considerations and conclusions. The criteria were classified as met, not met, unclear or not applicable. For the methodological study involving protocol development and validation, in the absence of a specific JBI instrument, a descriptive assessment of the development and content validation procedures was conducted, considering participant and expert selection, and validation procedures. The critical appraisal was intended to inform the interpretation of the evidence, and was not used as a criterion for study exclusion.

Finally, the selection process yielded five studies that comprised the final sample of the integrative review. Information on authorship, publication year, objective, methodological design, participants, setting and main findings related to the guiding question was extracted from the included studies and organized. Subsequently, the findings were compared, enabling the development of the categories presented in the results.

STUDY SELECTION FLOWCHART

Figure 1 – Flowchart of the study selection process according to PRISMA 2020
Source: Prepared by the authors (2026).



RESULTS

The search yielded 520 records, including 160 from SciELO, 345 from BVS/LILACS Plus and 15 from the PubMed database. After removing 284 duplicates, 236 records remained for title and abstract screening. Of these, 227 were excluded for not meeting the eligibility criteria, resulting in nine articles selected for full-text review. Following this assessment, four studies were excluded for not addressing the guiding question, resulting in five included articles.

The included studies were published between 2019 and 2024, predominantly involving research conducted in Brazilian urgent and emergency care services. Regarding methodological design, qualitative approaches predominated, alongside a methodological study aimed at developing and validating a care protocol. The populations investigated comprised older adults, family members and professionals involved in care, enabling the analysis of humanization across different situations.

The analysis of the studies identified elements related to the humanization of nursing care for older adults in urgent and emergency care services. Based on the findings, these were organized into three thematic categories, namely welcoming practices, communication and bonding in humanized care, autonomy and participation of older adults and their families in this care, as well as barriers and strategies for improving nursing care.

Author/Year	Setting	Humanization strategies	Facilitators	Barriers	Main findings
Rissardo et al. (2019)	UPA, Paraná, Brazil	Welcoming practices and risk classification; comprehensive and individualized assessment; autonomy; family participation; continuing education.	Facilitators: welcoming practices, prioritization, family participation and individualized assessment.	Barriers: weaknesses in care organization and the need for professional training.	Highlighted the need for individualized and comprehensive care, considering older adults' vulnerabilities, autonomy and family context. JBI: 8/10 criteria met. Good methodological coherence and representation of participants; weaknesses related to researcher positioning and reflexivity.



Scolari et al. (2020) Two UPAs, Brazil. Attentive listening; empathy; communication; guidance; family participation and continuity of care. Facilitators: listening, bonding, empathy, family and problem-solving capacity. Barriers: waiting, high demand, inadequate infrastructure and insufficient staff. Older adults and family members valued listening and problem-solving capacity, although structural and organizational difficulties were identified. JBI: 8/10 criteria met, with one unclear criterion. Good coherence between the objective, data collection and analysis; limited discussion of the researcher's influence.

Oliveira et al. (2021) UPA, Salvador, Bahia, Brazil. Communication; bonding information about care participation in decisions; autonomy and continuity of care. Facilitators: communication, bonding, trust, information and participation. Barriers: waiting, anxiety and difficulties related to the emergency care environment. The waiting experience highlighted the need for communication, bonding and participation of older adults, promoting individualized and humanized care. JBI:10/10 criteria met. There was coherence between the phenomenological framework, data collection, analysis and interpretation

Scolari, Lucena and Carreira (2022) Urgent Care Units, Paraná, Brazil. Welcoming practices, care, geriatric assessment; care environment; autonomy; family; continuity and professional training. Facilitators: Systematization of care, interprofessional participation, a specific protocol and training. Barriers: care and environmental weaknesses identified during protocol development. A protocol comprising 22 items for improving care was developed and validated by experts, with an overall CVI of 0,91. Descriptive methodological assessment: development and content validation adequately described.

Silva et al. (2024) Emergency department of a public university hospital, southern Brazil.

Welcoming practices; attention; affection; communication; bonding; autonomy; family participation and gerontogeriatric training.

Facilitators: bonding, respect and welcoming practices.

Barriers: inadequate infrastructure, overcrowding, compromised privacy and reduced autonomy.

Participants perceived welcoming practices and nursing support, although structural

and care conditions may compromise humanization.

JB1: 7/10 criteria met, with one unclear criterion. Alignment between the objective, data collection and analysis; weaknesses related to theoretical positioning.

TABLE 1 - INCLUDED STUDIES:

Author/Year	Setting	Humanization strategies	Facilitators and Barriers	Main findings	Critical appraisal
Rissardo et al. (2019)	UPA, Paraná, Brazil.	Welcoming care and risk classification; comprehensive and individualized assessment; autonomy; family participation; continuing education.	Facilitators: welcoming care, prioritization, family participation and individualized assessment. Barriers: weaknesses in care organization and the need for professional training.	Highlighted the need for individualized and comprehensive care, considering vulnerabilities, autonomy and the older person's family context.	JB1: 8/10 criteria met. Good methodological coherence and representation of participants; weaknesses related to the researcher's positioning and reflexivity.
Scolari et al. (2020)	Two UPAs, Brazil.	Attentive listening; empathy; communication; guidance; family participation and continuity of care.	Facilitators: listening, bonding, empathy, family and problem-solving capacity. Barriers: waiting, high demand, inadequate infrastructure and insufficient staff.	Older adults and family members valued listening and problem-solving capacity, although structural and organizational difficulties were identified.	JB1: 8/10 criteria met, with one unclear criterion. Good coherence between the objective, data collection and analysis; limited discussion of the researcher's influence.
Oliveira et al. (2021)	UPA, Salvador, Bahia, Brazil.	Communication; bonding information about care participation in decisions; autonomy and continuity of care.	Facilitators: communication, bonding, trust, information and participation. Barriers: waiting, anxiety and difficulties related to the emergency care environment.	The waiting experience highlighted the need for communication, bonding and older adults' participation, fostering individualized and humanized care.	JB1: 10/10 criteria met. There was coherence between the phenomenological framework, data collection, analysis and interpretation



Scolari, Lucena and Carreira (2022)	Emergency Care Units, Paraná, Brazil.	Welcoming care, assistance, geriatric assessment; care environment; autonomy; family; continuity and professional training.	Facilitators: Systematization of care, interprofessional participation, a specific protocol and training. Barriers: care-related and environmental weaknesses identified during protocol development.	A protocol comprising 22 items was developed to improve care quality, validated by experts, with an overall CVI of 0,91.	Descriptive methodological assessment: development and content validation adequately described.
Silva et al. (2024)	Emergency department of a public university hospital, southern Brazil.	Welcoming care; attention; affection; communication; bonding; autonomy; family participation and gerontogeriatric training.	Facilitators: bonding, respect and welcoming care. Barriers: inadequate infrastructure, overcrowding, compromised privacy and reduced autonomy.	Participants perceived welcoming care and support from nursing staff, although structural and care-related conditions may compromise humanization.	JB1: 7/10 criteria met, with one unclear criterion. Alignment between the objective, data collection and analysis; weaknesses related to theoretical positioning.

Source: Prepared by the authors (2026).

Regarding critical appraisal, the qualitative studies generally demonstrated coherence between the objectives, methods and data analysis as well as the interpretation of results. Oliveira et al. (2021) met all ten criteria of the JBI tool, whereas Rissardo et al. (2019) and Scolari et al. (2020) met eight criteria, and Silva et al. (2024), seven. The main weaknesses identified were related to limitations in the researcher's positioning and their influence on the research process. In the methodological study by Scolari, Lucena and Carreira (2022), the stages of protocol development and content validation were adequately described. However, the authors identified the absence of semantic validation as a limitation, and assessment of its applicability in clinical practice remains necessary.

WELCOMING CARE, COMMUNICATION AND BONDING AS ELEMENTS OF HUMANIZED CARE

The studies demonstrated that the humanization of care for older adults in urgent and



emergency care services is directly related to how individuals are received, listened to and supported throughout care. Rissardo et al. (2019) highlighted the importance of welcoming care and individualized assessment of older adults, considering their particular characteristics and needs during care

Scolari et al. (2020) identified attentive listening, empathy, bonding, communication and guidance provided during care as relevant aspects of the experience of welcoming care. Similarly, Oliveira et al. (2021) highlighted the importance of communication and information provision, particularly when referral to other levels of care is required.

Silva et al. (2024) also identified positive perceptions related to the care provided by the nursing team, highlighting attentiveness, respect, affection, welcoming care and bond building. Thus, the findings indicate that humanized welcoming care involves communication, listening, respect and consideration of the individual needs of older adults.

AUTONOMY AND PARTICIPATION OF OLDER ADULTS AND THEIR FAMILIES IN CARE

Another recurring aspect was the need to preserve older adults' autonomy and regard them as active participants in the care process. Rissardo et al. (2019) highlighted elements related to comprehensive and individualized assessment, respect for autonomy and family participation. Oliveira et al. (2021) demonstrated the importance of keeping older adults informed and enabling their participation in care planning and decision-making.

Scolari, Lucena and Carreira (2022) incorporated aspects related to welcoming care, care delivery and discharge into a care protocol, including geriatric assessment, autonomy, family participation and continuity of care. Silva et al. (2024) identified situations in which older adults' autonomy could be compromised, reinforcing the need to reconcile care safety with respect for individuality.



BARRIERS AND STRATEGIES FOR IMPROVING NURSING CARE

The studies also revealed factors that may hinder the delivery of humanized care, such as overcrowding, waiting times, human resource constraints, inadequacies in the physical infrastructure and care environment and compromised privacy and individuality of older adults.

Continuing education, gerontogeriatric training, the use of specific protocols, comprehensive assessment of older adults, adaptation of the care environment, preservation of autonomy, family inclusion and continuity of care stood out as strategies for improving care. Taken together, the results demonstrate that humanization encompasses both relational aspects and organizational and professional conditions that enable comprehensive and individualized care.

DISCUSSION

The findings of this review demonstrate that the humanization of nursing care for older adults in urgent and emergency care services is primarily related to welcoming care, communication, bond building and respect for the specific characteristics of older adults. These results are consistent with the principles of the National Humanization Policy, which values welcoming care, individuals' participation and the development of care practices that consider service users' needs (BRASIL, 2013).

Another aspect identified was the importance of older adults' autonomy and family participation during care. Considering older adults' preferences, including them in decisions related to their own care and facilitating family participation contribute to more individualized and person-centered care, extending humanization beyond exclusively technical care.

However, the implementation of these practices faces difficulties related to the organization of urgent and emergency care services themselves. The main barriers identified include overcrowding, waiting times, human resource constraints, inadequate physical infrastructure and compromised privacy and individuality. These findings are consistent with



the discussion by Sousa et al. (2019), who also identified structural, organizational and work process challenges to humanization in urgent and emergency care services.

In this context, professional training and continuing education, comprehensive assessment of older adults, the use of specific protocols, adaptation of the environment, strengthening of autonomy, family inclusion and continuity of care emerge as important strategies for improving care. Thus, the results reinforce that humanization is not limited to the initial welcoming encounter, but encompasses different dimensions of care and depends on both professionals' practices and the conditions provided by services.

STUDY LIMITATIONS

The limitations of this review included conducting searches in three information sources, SciELO, LILACS Plus, through the BVS, and PubMed, which may have restricted the identification of studies available in other databases. The period established between 2019 and June 2026 also limited the number of eligible publications. Furthermore, few studies were found that specifically addressed the humanization of nursing care for older adults in urgent and emergency care services, resulting in a final sample of five articles. The diversity of settings and participants in the included studies should also be considered, as it limits direct comparison of the findings. Despite these limitations, the selected studies enabled the identification of strategies, barriers, and relevant aspects for improving nursing care for older adults in urgent and emergency care services.

CONCLUSION

This integrative review identified that the humanization of nursing care for older adults in urgent and emergency care services involves strategies related to welcoming and attentive listening, effective communication, relationship building, respect for autonomy, the participation of older adults and their families in care, and the promotion of individualized care centered on older adults' needs.



The studies also revealed factors that hinder the implementation of these practices, including service overcrowding, waiting times, human resource limitations, inadequate physical infrastructure and care environments, and compromised privacy and individuality of older adults. Conversely, professional training and continuing education, comprehensive assessment of older adults, the use of specific protocols, improvements to the care environment, family inclusion, and the strengthening of autonomy emerge as relevant strategies for improving care.

Thus, the findings reinforce the importance of nursing care that goes beyond addressing immediate clinical needs and considers older adults' particular characteristics, autonomy, relationships, and individual needs. Given the limited number of studies identified, there is also a clear need to expand scientific research on the humanization of nursing care for older adults in urgent and emergency care services, contributing to the strengthening of higher-quality, person-centered care practices.

REFERÊNCIAS

AYRES, J. R. C. M. Cuidado e reconstrução das práticas de saúde. *Interface – Comunicação, Saúde, Educação*, v. 8, n. 14, p. 73–92, 2004 <https://doi.org/10.1590/S1414-32832004000100005>

BOFF, L. Saber cuidar: ética do humano – compaixão pela Terra. Petrópolis: Vozes, 1999.

BRASIL. Lei nº 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto da Pessoa Idosa. Brasília, DF: Presidência da República, 2003, Disponível em: https://www.planalto.gov.br/ccivil_03/leis/2003/110.741.htm

BRASIL. Lei nº 14.423, de 3 de agosto de 2022. Atualiza o Estatuto da Pessoa Idosa. Brasília, DF: Presidência da República, 2022. https://www.planalto.gov.br/ccivil_03/_ato2019-2022/2022/lei/114423.htm

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização (PNH). Brasília, DF: Ministério da Saúde, 2013.

Disponível em: Política Nacional de Humanização - PNH Acesso em: 30 set. 2026.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA (IBGE). Censo



Demográfico 2022: população por idade e sexo: pessoas de 60 anos ou mais de idade: resultados do universo: Brasil, Grandes Regiões e Unidades da Federação. Rio de Janeiro: IBGE, 2023. Disponível em: <https://www.ibge.gov.br/biblioteca/visualizacao/livros/liv102038.pdf> . Acesso em: 28 set. 2026.

JBÍ. JBI Critical Appraisal Checklist for Qualitative Research. Adelaide: JBI, 2020. Disponível em: https://jbi.global/sites/default/files/2020-08/Checklist_for_Qualitative_Research.pdf Acesso em: 25 set. 2026.

MENDES, Karina Dal Sasso; SILVEIRA, Renata Cristina de Campos Pereira; GALVÃO, Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto Enfermagem, Florianópolis, v. 17, n. 4, p. 758-764, 2008. Disponível em: Doi: <https://doi.org/10.1590/S0104-07072008000400018>

OLIVEIRA, Ana Luíza Barreto de et al. Vivido pelo idoso nas emergências pelo acesso para outros níveis de atenção à saúde. Revista Brasileira de Enfermagem, v. 74, supl. 2, e20200423, 2021. DOI: <https://doi.org/10.1590/0034-7167-2020-0423>

Organização Pan-Americana da Saúde. Década do Envelhecimento Saudável: Relatório de Linha de Base. Washington, DC: OPAS; 2022. Disponível em: <https://doi.org/10.37774/9789275726587>, Consulta realizada em 28/09/2026.

PAGE, Matthew J. et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ, v. 372, n71, 2021. DOI: <https://doi.org/10.1136/bmj.n71>

RISSARDO, Leidyani Karina; KANTORSKI, Luciane Prado; CARREIRA, Lígia. Avaliação da dinâmica do cuidado ao idoso em unidade de pronto atendimento. Revista Brasileira de Enfermagem, v. 72, supl. 2, p. 169-176, 2019. DOI: <https://doi.org/10.1590/0034-7167-2018-0401>

SCOLARI, Giovana Aparecida de Souza; RISSARDO, Leidyani Karina; BALDISSERA, Vanessa Denardi Antoniassi; LANGE, Celmira; SALCI, Maria Aparecida; CARREIRA, Lígia. Acolhimento em unidades de pronto atendimento: percepção de idosos e seus familiares. Revista de Enfermagem do Centro-Oeste Mineiro, v. 10, n. 1, 2020. DOI: 10.19175/recom.v10i0.3726. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1147147>

SCOLARI, Giovana Aparecida de Souza; LUCENA, Ane Caroline Rodrigues Miranda; CARREIRA, Lígia. Construção e validação de protocolo assistencial a idosos em Unidades de Pronto Atendimento. Acta Paulista de Enfermagem, v. 35, eAPE01707, 2022. DOI: <https://doi.org/10.37689/acta-ape/2022AO01707>.



SILVA, Natalina Maria da; RIBEIRO, Marina Schneider; MOURA, Leticia de; LEITE, Marinês Tambara; BIASUZ, Sandra; BOTH, Caroline Thaís. Cuidados de enfermagem em uma unidade de pronto socorro: percepção de pessoas idosas longevas. *Revista de Enfermagem Atenção Saúde*, v. 13, n. 1, p. 1-12, nov./mar. 2024. Disponível em: <https://doi.org/10.18554/reas.v13i1.7423>

SOUSA, Kayo Henrique Jardel Feitosa; DAMASCENO, Carolinne Kilcia Carvalho Sena; ALMEIDA, Camila Aparecida Pinheiro Landim; MAGALHÃES, Juliana Macêdo; FERREIRA, Márcia de Assunção. Humanization in urgent and emergency services: contributions to nursing care. *Revista Gaúcha de Enfermagem*, v. 40, e20180263, 2019. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1004092>

WALDOW, Vera Regina; BORGES, Rosália Figueiró. Cuidar e humanizar: relações e significados. *Acta Paulista de Enfermagem*, v. 24, n. 3, p. 414-418, 2011. Disponível em: <https://doi.org/10.1590/S0103-21002011000300017>

