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State-of-the-art in the implementation of the Humanitude care methodology in Portugal

Estado da arte da implementação da metodologia de cuidado Humanitude em Portugal Estado del arte de la implementación de la metodología de cuidado Humanitud en Portugal

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Abstract

Background: Humanitude is a recent term, which was used for the first time by Freddy Klopfenstein in 1980. Gineste and Marescotti have integrated this concept into the Humanitude care methodology (HCM). In Portugal, the first studies on the topic were published in 2008

Objectives: To describe the state-of-the-art in the implementation of HCM in Portugal.

Methods: Descriptive study on the state-of-the-art in the implementation of HCM in Portugal. Data will be collected through a search in databases, websites, books, and interviews with key informants.

Results: The implementation of HCM in Portugal is characterized by training in action, research, and organization of scientific events and publication of different types of work: 4 books, 5 scientific articles, 1 doctoral thesis, 4 Master's dissertations, and 67 presentations at scientific events.

Conclusion: HCM has been implemented in Portugal through training in action, action-research, and dissemination activities. Experimental and applied research studies should be conducted in this area, and their findings should be published in national and international journals for an effective dissemination of both the produced knowledge and this methodology.

Resumen

Keywords: humanitude; nurse-patient relationships; patient-centered care; nursing care; care humanization

Resumo

Enquadramento: Humanitude é um termo recente, sendo utilizado pela primeira vez em 1980, por Freddy Klopfenstein. Gineste e Marescotti integraram este conceito e desenvolveram a metodologia de cuidado Humanitude (MCH), tendo surgido os primeiros estudos em Portugal em 2008.

Objetivos: Descrever o estado da arte da implementação da MCH em Portugal.

Metodologia: Estudo descritivo sobre o estado da arte da implementação da MCH em Portugal. A colheita da informação será realizada através de bases de dados, sites, livros e entrevistas a informantes-chave.

Resultados: A implementação da MCH em Portugal caracteriza--se por formação na ação, investigação, organização de eventos científicos e através de diversas tipologias de publicações: 4 livros, 5 artigos científicos, 1 tese de doutoramento, 4 dissertações de mestrado e 67 comunicações científicas.

Conclusão: A implementação da MCH em Portugal foi realizada através de formação na ação, investigação-ação e divulgação. Há necessidade de realização de investigação experimental e aplicada nesta área e publicação dos resultados em revistas nacionais e internacionais para uma efetiva divulgação do conhecimento produzido e disseminação desta metodologia.

Palavras-chave: cuidado humanitude; relações enfermeiro-paciente; cuidado focado no paciente; cuidados de enfermagem; humanização dos serviços

Marco contextual: Humanitud es un término reciente, pues fue utilizado por primera vez en 1980 por Freddy Klopfenstein. Gineste y Marescotti integraron este concepto y desarrollaron la metodología de cuidado Humanitud (MCH), cuyos primeros estudios en Portugal surgieron en 2008.

Objetivos: Describir el estado del arte de la implementación de la MCH en Portugal.

Metodología: Estudio descriptivo sobre el estado del arte de la implementación de la MCH en Portugal. La recogida de información se realizará a través de bases de datos, sitios web, libros y entrevistas a informantes clave.

Resultados: La implementación de la MCH en Portugal se caracteriza por la formación en la acción, investigación, organización de eventos científicos y a través de diversas tipologías de publicaciones: 4 libros, 5 artículos científicos, 1 tesis doctoral, 4 trabajos de fin de máster y 67 comunicaciones científicas. Conclusión: La implementación de la MCH en Portugal se realizó a través de la formación en la acción, investigación-acción y divulgación. Es necesario realizar investigación experimental y aplicada en esta área y publicar los resultados en revistas nacionales e internacionales para divulgar el conocimiento producido y esta metodología de una forma efectiva.

Palabras clave: cuidado humanitude; relaciones enfermero--paciente; atención dirigida al paciente; atención de enfermería; humanización de la atención

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Introduction

Humanitude is a recent term, which was used for the first time by the journalist Freddy Klopfenstein in 1980. Later, Albert Jacquard transformed it into an anthropological concept, defining Humanitude as "the contribution of all men, past or present, to each and every man" (Jacquard, 1986, p. 177).

Gineste and Marescotti identified the ethical and deontological principles of well-being and quality of life in the concept of Humanitude and adapted it to care delivery, defining Humanitude as a care philosophy that allows "a man to feel human and remain human in the eyes of their fellows" (Gineste & Pellissier, 2008, p. 247). According to Phaneuf, the concept of Humanitude shows "how the behaviors and simple actions which touch the person in what is most essentially human" (Phaneuf, 2007, p. 3). In this sense, this concept "applies particularly well to the various aspects of nursing" (p. 21). Thus, in the interaction with the patient, the nurse uses the look, speech, and touch to perform a set of interventions that demonstrate an attitude of attention and concern toward the person that go beyond a polite treatment. Phaneuf (2007) adds that these actions are too often done in a mechanical manner, raising the awareness about the importance of our gestures.

Based on clinical practice, research, reflection about each person's characteristics, and the principles derived from neurosciences, physiology, and human psychomotricity, Gineste and Marescotti developed the philosophy of Humanitude[®] between 1995 and 1997, which served as guidance for the Gineste-Marescotti[®] care methodology (MGM[®]), also known as Humanitude care methodology.

Following the positive results obtained with the implementation of MGM[®] internationally, and given the fact that this care methodology is still recent in Portugal, this study aims to describe the state-of-the-art in the implementation of the Humanitude care methodology in Portugal, thus contributing to its dissemination.

Background

The development of MGM[®] began in 1979, when Yves Gineste and Rosette Marescotti, two French physical education teachers, who were specialized in ergonomics, were invited to provide training in a hospital with a high rate of absenteeism due to back injuries. With the purpose of correctly diagnosing the situation, they joined the team of caregivers, thus having the opportunity to observe and reflect on how they performed their work, "not only from an ergonomic perspective, but also in terms of the care procedures and techniques being used" (Salgueiro, 2014, p. 21).

Based on their constant observation, reflection, experimentation, and research and building on the knowledge and principles of human psychomotricity, physiology, and neurosciences, they developed and registered the MGM[®].

MGM[®] follows a structured sequence of Humanitude caring procedures (SEPCH; Simões, Salgueiro, & Rodrigues, 2012), based on the following pillars: gaze, speech, touch, and verticality. These pillars are operationalized and systematized in order to be replicated in different contexts. MGM[®] uses relational techniques, characterized by softness, such as the tender touch, and very subtle features, in which technical and relational gestures are inextricably linked, allowing care delivery while preserving the patient's dignity (Gineste & Pellissier, 2008; Salgueiro, 2014). This methodology is transverse to any type of care, with national and international scientific evidence (Simões et al., 2012; Honda, 2016).

This methodology has shown to be particularly effective in dependent people and/or people with dementia, avoiding behaviors of pathological agitation, and care opposition and refusal (Araújo, Melo, & Alves, 2014a; Honda, 2016; Figueiredo, Melo, & Ribeiro, 2016), reducing the consumption of psychotropic substances (Araújo, Oliveira, & Silva, 2012), and promoting self-care (Araújo, Melo, & Alves, 2014b; Melo, Fernandes, Albuquerque, & Duarte, 2016) and verticality.

Given the complexity and demands of car-

State-of-the-art in the implementation of the Humanitude care methodology in Portugal ing for older people with dementia and the negative impact on caregivers, particularly in nursing students, due to the difficulty in coping with these situations (Melo, Salgueiro, & Araújo, 2015), this care methodology has contributed to reducing these difficulties (Melo, 2016). In addition, it has led to caregivers' improved personal and professional satisfaction (Figueiredo et al., 2016), thus reducing absenteeism and turnover rates (Gineste & Pellissier, 2008).

MGM[®] is currently composed of 150 techniques, which are based on a relational premise and promote the professionalization of the caregiver-patient relationship. However, according to Salgueiro (2014), its authors do not consider it as something finished, but as an ongoing methodology that is constantly being updated.

A training structure was created to facilitate the dissemination of MGM[®]: the Institute Gineste Marescotti (IGM). The first IGM was created in 2003 in Canada, then in France in 2004 (today with 14 IGMs). In 2005, the IGM was created in Switzerland, in 2007 in Luxembourg, and in 2010 in Germany. In Portugal, the Humanitude, Lda. (IGM Portugal) was created in 2011. The Japanese IGM was created in 2012, and in the same year was founded the International IGM. The IGM Animation (2006) and the IGM Restauration (2010) were also created. In 2004, the Institute for Research and Information on MGM (IPRIM, Institut pour la Recherch et l'information sur la MGM) was created in France (Salgueiro, 2014).

Following some published works, the first book was released in French in 2007, gathering information about the authors' path until designing the care philosophy and methodology: *Humanitude, comprendre la vieillesse, prendre soin les hommes vieux* (Gineste & Pellissier, 2007).

In 2012, the Humanitude units created in France joined and founded the Humanitude Evaluation and Ways of Life Association (ASSHUMEVIE, *Association Humanitude Evaluations et Milieux de Vie*) with the purpose of certifying institutions that meet the criteria established in the Humanitude framework, which is based on the following principles: zero forced care; respecting the uniqueness and intimacy; live and die standing; opening up the structure; and living places, places of wish.

In Portugal, Nídia Salgueiro became aware of Humanitude and MGM® in 2003 through Margot Phaneuf. In 2005 the Canadian author returned to Portugal for a training program on the helping relationship, which led to the beginning of the Humanitude approach to care (Salgueiro, 2015). This training addressed some MGM[®] techniques and assumptions, such as sensory capture and auto-feedback. It was during these training sessions, which took place in several education institutions and hospitals, that Nídia Salgueiro, as a translator, began realizing the added-value of the Humanitude concept for the relationship established in nursing care (Salgueiro, 2014, 2015). This care methodology made "Sense to us and were consistent with our rewarding experiences on the field with agitated patients with mental disorders and in other situations of vulnerability" (Salgueiro, 2014, p. 91). As she often mentions, the consultation to the authors' website, the research, the in situ observation, the experimentation, whenever possible, and the reflection strengthened her adherence to this methodology.

In 2011, the IGM was created in Portugal as an accredited training structure that was responsible for the implementation of Humanitude in Portugal. The implementation follows four phases: awareness - 15-hour theoretical-practical training involving formal and informal leaders; dissemination -35-hour action-training during 5 days, involving the technical director and caregivers; consolidation - 7-hour training for the strategic management team that is responsible for project evaluation; and certification - 7 hours per semester.

In 2016, the MGM[®] implementation process had already been initiated in 43 institutions, from North to South of Portugal, in several areas (education, disability, health, and social). These institutions are in various stages of implementation: 24 in the awareness phase, 12 in the dissemination phase, four in the consolidation phase, and three in the certification phase.

In 2014, the IGM Portugal joined the Co-

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operativa Via Hominis CRL, which is a nonprofit institution that aims to improve the quality of care, especially in the area of geriatrics, and the study, development, and implementation of the philosophy of Humanitude and the Gineste-Marescotti[®] care methodology in the therapeutic or education process.

After contextualizing the emergence of MGM° at a national and international level, we will now describe the state-of-the-art in the implementation of the Humanitude care methodology in Portugal.

Research question

What is the state-of-the-art in the implementation of the Humanitude care methodology in Portugal?

Methodology

A descriptive study was conducted on the state-of-the-art in the implementation of the Humanitude care methodology in Portugal. Data on the activities developed between 2008 and 2016 were collected through search in databases, websites, books, and interviews with key informants. Data analvsis was organized into categories: Trainers' training; Training in clinical and education settings for the implementation of MGM[®]; Research; Awards received; Organization of scientific events and publication of different types of work (scientific articles, books, doctoral theses and master's dissertations). The scientific productivity is shown in a list of works published between 2008 and 2016. Data were presented in chronological order and validated by experts in the topic working in Portugal.

Results and discussion

The results related to the state-of-the-art in the implementation of the Humanitude care methodology of care Humanitude in Portugal are organized into the following categories: Trainers' training; Training in clinical and education settings for the implementation of MGM[®]; Research; Awards received; Organization of scientific events and publication of different types of work.

In the Trainers' training category, Nídia Salgueiro went to France in 2009 to participate in a trainers' training with the authors, Gineste and Marescotti, during two weeks (80 hours). In the first week, the training addressed theoretical contents and, in the second week, a practical component was explored at an institution where the MGM[®] was being implemented under the guidance of Sabine Soubielle, nurse and trainer accredited by the IGM France.

From 2010 to 2015, more trainees participated in the training of Humanitude trainers, in France, with the authors, Yves Gineste and Rosette Marescotti, and participated in the annual one-week seminars, *Renforcement de la formation de formateur à la Methodologie of soin Gineste_Marescotti-niveau 2* that took place in 2010, 2012, and 2016.

In the Training in clinical and education settings for the implementation of MGM[®] category, until 2016, training was held in 43 institutions, from North to South of Portugal, in several areas (education, disability, health, and social) and in various types of care services, namely home care support services, day care center, residential accommodation for older people, long-term care unit, occupational activities center, and hospitals. At the level of Nursing education, in 2012, the Nursing School of Coimbra (ESEnfC), introduced the concepts of the philosophy of Humanitude and MGM® to the 1st year of the Bachelor of Science in Nursing (BSN), namely in the course unit of Nursing Fundamentals regarding the topic of hygiene care and comfort. In the 2013/2014 academic year, the option Philosophy of Humanitude applied to nursing practice was introduced in the BSN. In the 2014/2015 and 2015/2016 academic years, the option Caring with Humanitude was introduced to the 2nd year of the BNS. All students found that the contents addressed in this course unit were very relevant and important, emphasizing that it should be a compulsory rather than optional subject for all BSN students.

Since 2014, within the scope of the 2nd year

Clinical Training in Nursing Fundamentals (with in-hospital experience taking place in two health care units), BSN students have been encouraged to integrate these contents into clinical practice. These students consider that MGM[®] is an important tool that helped them to overcome their difficulties in communicating with people who are agitated, confused, and unable to communicate (Melo, 2016).

Still in the education area, the MGM[®] has been addressed and analyzed in different areas of knowledge. In 2016, this methodology was integrated into a course unit of a Postgraduate Degree in the Alcoitão School of Health.

In the Research category, the first research studies and works on the implementation of MGM[®] in Portugal were published in 2008 within the Ph.D. research project developed by Mário Simões, under the supervision of Manuel Alves Rodrigues, Ph.D. Professor, and Nídia Salgueiro, RN Teacher. Mário Simões defended his doctoral thesis, entitled Cuidar em Humanitude: Método de Gineste e Marescotti Aplicado a Pessoas Internadas em Cuidados Continuados (Humanitude Care: Gineste and Marescotti's Method Applied to Patients Admitted to Long-Term Care) in 2014 at the Universidade Católica Portuguesa (UCP). It allowed transforming the practical evidence developed by the authors, Gineste and Marescotti, into a care model with a SEPCH (Simões et al., 2012). This doctoral thesis (Simões, 2013) resulted in four scientific articles, which will be presented later on. In 2014, the structuring project Implementation of the Humanitude Care Methodology was registered in the Health Sciences Research Unit: Nursing (UICISA:E) of ES-EnfC, with the associated studies: Impact of the Implementation of the Humanitude Care Methodology in a Long-Term Care Unit, and Training to Care with Humanitude. The first study is being developed within the scope of the Master's Degree in Long-Term and Palliative Care of the Faculty of Medicine of the University of Coimbra. Its main objective is to assess the impact of the care methodology on professionals and patients. The study Training to Care with Humanitude aims to identify the difficulties of students in clinical training in the interaction with patients and

assess the impact of the use of the Humanitude care methodology on reducing these difficulties.

With regard to the Awards received category, in recognition for the developed work and its added-value, three prizes were awarded. In 2012, the study Impact of the Humanitude Care Methodology on reducing older inpatients' agitation and use of psychotropic drugs received the Research Quality award of the Polytechnic Institute of Leiria, at the International Health Congress. This study demonstrates the effectiveness of the structured relational intervention in Humanitude, in hospital settings (Araújo et al., 2012). In 2015, the Map of Innovation and Social Entrepreneurship was awarded the ES+ quality award in recognition of the MGM[®] implementation as an initiative with a high potential for social entrepreneurship, responding to the increasing dehumanization of healthcare. In the same year, the Humanitude project received the first prize during the 14th Bootcamp of the Social Entrepreneurship Institute powered by INSEAD, as a solution to the issue of geriatric care in Portugal.

As for the Organization of scientific events category, during the implementation of the Humanitude care methodology in Portugal, several international scientific events were organized with the purpose of increasing awareness and facilitating the dissemination of knowledge about this care methodology. The first scientific event was organized in Portugal by Yves Gineste at the ESEnfC in 2009. This workshop was organized as a partnership between the ESEnfC and the UCP and targeted ESEnfC teachers and postgraduate students and UCP doctoral students (Salgueiro, 2014).

In 2010, Yves Gineste returned to Portugal and held a 3-day course for ESEnfC teachers between 22 and 24 February. On February 26th, he gave a conference at the Center Regional Section of the Ordem dos Enfermeiros (Salgueiro, 2014).

In 2014, Yves Gineste and Rosetti Marescotti held a 30-hour course on the Philosophy of Humanitude and the Gineste-Marescotti care methodology for ESEnfC teachers. In the same year, two 30-hour courses were also organized for nurses within the scope of the

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Human Potential Operational Programme (*Programa Operacional do Potencial Humano*; PPOPH) and the 1st International Conference on Humanitude Care was held.

In 2015, the Summer Course on Active Aging and Humanitude was held at the Institute of Social Sciences (*Instituto de Ciências Sociais*, ICS) of the Universidade de Lisboa, and the 2nd International Conference on Humanitude Care and the Workshop on Eating, an Act of Life: Holistic Gastronomy[®], were held at the ESEnfC.

In 2016, the 1st Meeting Humanitude: Reflections and Practice was held at the ICS. This event allowed gathering the different institutions that are implementing this methodology with a view to sharing good practices, implementation strategies, and outcomes.

We will present the results of the search conducted on the different types of publications (scientific articles, books, doctoral theses, and master's dissertations) below. Thus, in this period, four books, five scientific articles, one doctoral thesis, and four master's dissertations were published and 67 papers were presented at scientific events.

As shown in Table 1, the first scientific article - a literature review - was published in the Journal of Nursing *Refer*ência and addresses the following question: What is the meaning of the integrating concept of Humanitude in the context of the complex care provided by nurses to vulnerable and dependent patients? Its findings renew the view that the philosophy of Humanitude emphasizes the value of the relational connection and the human factor (Simões, Rodrigues, & Salgueiro, 2008).

In 2011, the same authors published a new study in the Journal of Nursing *Refer*ência about the Importance and Applicability of the Gineste-Marescotti[®] Humanitude Care Method to Nursing Care. This study aimed to understand nurses' perceptions of the importance assigned to care based on the philosophy of Humanitude and the extent to which they applied its principles in clinical practice. The results showed that this methodology is consistent with the values upheld by nurses (Simões, Rodrigues, & Salgueiro, 2011). In the same year, the authors published a reflection paper in *Revista Portuguesa de Bioética* that addressed the following question: What is the importance of Humanitude in the interpersonal and care relationships? These authors believe that Humanitude "enhances the transcendence of the person and tends to be an essential care in the construction of the human being" (Simões et al., 2011, p. 213).

In 2012, the same authors published the results of the research study Caring in Humanitude: Study applied in long-term care. This action-research study involved a team of caregivers and a population of dependent older people admitted to an Integrated Long-Term Care Unit, with the purpose of developing caregivers' skills for implementing the MGM® and assessing patients' physical, cognitive, and emotional responses (Simões et al., 2012). The measuring instruments included two scales of perceived value and applicability of the MGM® and a systematized observation grid. This SEPCH builds on the steps proposed by the authors: openings, preliminaries, sensory circle, and emotional consolidation (Gineste & Pellissier, 2008). Although the results show a high perceived value and application of SEPCH in daily practice, observational data revealed significant differences between perception and reality. This study emphasized the need for a paradigm shift in nursing training, nurses' practices, and the organizational culture (Simões et al., 2012).

In 2014, Mário Simões defended his doctoral thesis entitled Cuidar em Humanitude: Método de Gineste e Marescotti Aplicado a Pessoas Internadas em Cuidados Continuados (Humanitude Care: Gineste and Marescotti's Method Applied to Patients Admitted to Long-Term Care). This action-research study developed over the course of 4 years allowed transforming the practical evidence developed by the authors, Yves Gineste and Rosetti Marescotti, into a care model that could be reproduced and adapted for Portugal. This new care model goes beyond best practices; it introduces novelty into the nature of relational procedures, in their sequence and complexity (Simões, 2013). The results are consistent with those obtained by

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the authors of MGM[®] (Gineste & Pellissier, 2008; Simões, 2013).

In 2014, two books were published on the topic of Humanitude: Cuidar humanitude: um imperativo do nosso tempo (Humanitude Care: an imperative of our time) by Nídia Salgueiro; and Cuidar humanitude: enfermagem neurorrelacional (Humanitude Care: Neurorelational Nursing) by Mário Simões. In 2014, three master's dissertations focused on the topic of Humanitude. One dissertation, entiltled (Re)Estruturação da resposta de Centro de Dia para Unidade de Humanitude ((Re)Structuring the response of Day Care Center to Humanitude Unit), reflects on the importance of incorporating the philosophy of Humanitude and care methodology in a day care center for older people in a situation of dependence and poor family support.

The other dissertation is entitled *Humanitude: uma ferramenta do cuidar em cuidados continuados - o olhar do educador social* (Humanitude: a care tool in long-term care: The perspective of the social educator), and it aimed to understand how care is provided to long-term care patients using the Humanitude methodology. The results obtained show acceptance and appreciation of the Humanitude care procedures, and the interviewed caregivers recognized the importance of its implementation during care delivery (Araújo, 2014), corroborating the study of Simões et al. (2011a).

The third dissertation was entitled *Perceção dos enfermeiros acerca da metodologia de trabalho humanitude na gestão de cuidados de saúde* (Nurses' perceptions about the Humanitude work methodology in healthcare management), and aimed to explore nurses' knowledge about Humanitude. In this study, the nurses who reported being familiar with the methodology showed better results in the application of this tool (Maria, 2014).

In 2015, Nídia Salgueiro wrote two books. The book *Ecos de uma Formação Humanitude: Manual de Formando* (Echoes of a Training in Humanitude: Trainee's Guide) consists of two parts: the first part describes the preparation of training and the second one describes the training and its evaluation (Salgueiro, 2015a). The other book, entitled *Margot Phaneuf: Mulher, Enfermeira, Autora, Formadora e Pedagoga* (Margot Phaneuf: Woman, Nurse, Author, Trainer, and Educator) was written as a tribute to the Margot Phaneuf's contribution to Portuguese nursing (Salgueiro, 2015 b).

In 2016, a dissertation entitled Metodologia de cuidados Humanitude: Perceção dos enfermeiros (Humanitude Care Methodology: Nurses' Perceptions) aimed to identify and analyze the perception of nurses who underwent training on this methodology about the benefits of its use in care delivery (Figueiredo et al., 2016). The results show that all nurses recognized that the training on this methodology and its practical application had benefits for professionals, patients, families, and the institutions where it was implemented. The professionals reported professional satisfaction and fewer difficulties in caring for patients with cognitive alterations. Patients' benefits included less opposition to care delivery, fewer agitation behaviors, and fewer problems arising from immobility, which corroborates the results of Simões et al. (2012). The institutions reported lower economic costs and absenteeism rates, which is in line with Gineste and Pellissier (2008).

In 2016, the scientific article "Methodology of Care Humanitude in Promoting Selfcare in Dependent People: An Integrative Review" was published by Springer International Publishing. This integrative review was performed between 2007 and 2015, and aimed to identify the scientific evidence on the implications of the MGM[®] principles for the promotion of self-care in dependent patients. Using the MEDLINE, EBSCO, and Google Scholar databases, as well as the PICO strategy, seven studies were selected that showed positive results in self-care promotion using the methodology of care Humanitude (Melo et al., 2016).

Table 1 shows the scientific productivity, in chronological order, from 2008 until 2016, in Portugal, through scientific articles, books, doctoral thesis, and master's dissertations.

Scientific Production	Type of publication
 Simões, M., Rodrigues, M., & Salgueiro, N. (2008). O significado da filosofia da humanitude, no contexto dos cuidados de enfermagem à pessoa dependente e vulnerável. <i>Revista de Enfermagem Referência</i>, 2(7), 97-105. Retrieved from http://rihuc.huc.min-saude.pt/bitstream/10400.4/482/1/Artigo_de_Revis%C3%A30%5B1%5D.pdf 	Scientific article
Simões, M., Rodrigues, M., & Salgueiro, N. (2011a). Importância e aplicabi- lidade aos cuidados de enfermagem do método de cuidados de humanitu- de Gineste: Marescotti. <i>Revista de enfermagem Referência</i> , 3(4), 69-79. doi: 10.12707/RIII1157	Scientific article
Simões, M., Rodrigues, M., & Salgueiro, N. (2011b). Humanitude, ligação in- terpessoal de relação e cuidado. <i>Revista Portuguesa de Bioética, 14</i> , 213-225	Scientific article
Simões, M., Salgueiro, N., & Rodrigues, M. (2012). Cuidar em Humanitude: Estudo aplicado em cuidados continuados. <i>Revista de enfermagem Referên- cia</i> , 3(6), 81-93. doi: 10.12707/RIII1177	Scientific article
Simões, M. (2013). Cuidar em Humanitude: Método de Gineste e Marescotti aplicado a Pessoas Internadas em Cuidados Continuados (Doctoral thesis). Universidade Católica Portuguesa, Instituto de Ciências da saúde, Lisboa, Portugal.	Doctoral thesis
Salgueiro, N. (2014). <i>Humanitude: Um imperativo do nosso tempo: Introdução à Metodologia de Cuidado Gineste-Marescotti</i> . Coimbra, Portugal: IGM Portugal-Humanidade.	Book
Simões, M. (2014). <i>Cuidar humanitude: Enfermagem neurorrelacional</i> Coimbra, Portugal: PMP, Lda	Book
Araújo, R (2014). Humanitude: Uma ferramenta do cuidar em Cuidados Con- tinuados: O olhar do educador social. (Master's dissertation). Instituto Politécnico de Bragança, Bragança, Portugal.	Master's dissertation
Maria, O. (2014). Perceção dos enfermeiros acerca da metodologia de trabalho hu- manitude na gestão de cuidados de saúde. (Master's dissertation). Instituto Politécnico de Bragança, Bragança, Portugal.	Master's dissertation
Salgueiro, N. (2015a). <i>Ecos de uma Formação Humanitude: Manual de Forman-</i> <i>do</i> . Coimbra, Portugal: PMP, Lda.	Book
Salgueiro, N. (2015b). MARGOT PHANEUF: Mulher, Enfermeira, Autora, For- madora e Pedagoga. Coimbra, Portugal: ESEnfC.	Book
 Melo, R. C., Fernandes, D. S., Albuquerque, J. S., & Duarte, M. N. (2016). Methodology of care humanitude in promoting self-care in dependent people: An integrative review. In V. G. Duffy & N. Lightner (Eds.), Advances in human factors and ergonomics in healthcare (pp. 187-193). doi: 10.1007/978-3-319-41652-6 	Scientific article
Figueiredo, A. (2016). <i>Metodologia de cuidados Humanitude: Perceção dos enfer-</i> <i>meiros</i> (Master's dissertation). Instituto Politécnico Viseu, Viseu, Portugal.	Master's dissertation

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This study had some limitations, such as the small number of studies conducted and published in Portugal, which hindered data comparison. This study revealed the need for further research in this area that could contribute to an evidence-based practice that meets patients' actual needs.

Conclusion

The state-of-the-art in the implementation of the Humanitude care methodology in Portugal can be characterized in terms of trainer's training, Training in clinical and education settings for the implementation of MGM[®], research, awards received, organization of scientific events and publication of different types of work (scientific articles, books, doctoral theses, and master's dissertations). The scientific productivity about Humanitude in Portugal is mostly represented by presentations at scientific events.

The Humanitude care methodology in Portugal was implemented in several areas (education, health, and social) and in different types of care services (home care support services, day care center, residential accommodation for older people, long-term care unit, occupational activities center, and hospitals.). The methodology was implemented through training in action and action-research.

This methodology is composed of simple procedures; however, in order to avoid its trivialization, there should be a correct appropriation of the underlying concepts, awareness of our caring gestures, professionalization of the relational techniques, and intentionality in their use. We believe that the proper implementation of this methodology will promote the development of the nursing profession and discipline, leading to a paradigm shift in nursing training and nurses' practices.

This study has a strong potential for development in terms of fundamental and applied research in various areas (education, health, and social) to the extent that it can be replicated and transferred into practice. This topic deserves special attention due to its added-value and replicability in several countries; thus, we suggest that multicenter studies should be conducted with control groups, with a view to assessing the impact of its implementation on patients, families, caregivers, and institutions, as well as on social and health policies. For an effective dissemination and transfer of this care methodology to clinical practice, the knowledge produced through the development of experimental and applied research should be disseminated in national and international journals.

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