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REVIEW

Humanized care in nursing students: review of concepts and background

Cuidado humanizado en estudiantes de enfermería: revisión de conceptos y antecedentes

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ABSTRACT

Dehumanization is the deprivation of the qualities that distinguish people as human beings. It can be understood as the consequence of a rational, scientific model that moves away from human sensitivity. The meaning and essence of humanized care comes from the word "humanity" defined as sensitivity, compassion, kindness towards others. The person in charge of managing this care is the nursing staff, since their main focus in their activities is care in the care and provision of health services. A bibliographic study was carried out with the aim of reviewing the state of the art of humanized care in relation to the sociodemographic data of nursing students. To define the social and ethical responsibilities of nursing and explain the implications of humane care, a model is proposed that includes ten factors of care. These factors include the practice of kindness and equanimity, support for deep beliefs, the cultivation of spiritual practices, the development of authentic caring relationships, and the expression of feelings. In addition, emphasis is placed on the creative use of knowledge, the creation of healing environments, the attention to basic needs with deliberate awareness, and the willingness to address spiritual and existential dimensions. These principles underpin care as a way of inhabiting the world and developing projects that promote transcendence and interpersonal relationships in a cosmic context.

Keywords: Humanized Care; Students; Nursing Care; Sociodemographics.

RESUMEN

La deshumanización es la privación de las cualidades que distinguen a las personas como seres humanos, puede entenderse como la consecuencia de un modelo racional cientificista que se aleja de la sensibilidad humana. El significado y esencia del cuidado humanizado proviene de la palabra "humanidad" definida como sensibilidad, compasión, bondad hacia los semejantes. El encargado de gestionar este cuidado es el personal de enfermería ya que tiene como eje principal en sus actividades el cuidado en la atención y prestación de servicios en salud. Se realizó una estudio bibliográfico con el objetivo de revisar el estado del arte del cuidado humanizado en relación a los datos sociodemográficos de los estudiantes de enfermería. Para definir las responsabilidades sociales y éticas de la enfermería y explicar las implicaciones del cuidado humano, se propone un modelo que incluye diez factores de cuidado. Estos factores abarcan la práctica de la amabilidad y la ecuanimidad, el apoyo a creencias profundas, el cultivo de prácticas espirituales, el desarrollo de relaciones auténticas de cuidado y la expresión de sentimientos. Además, se enfatiza el uso creativo del conocimiento, la creación de entornos de curación, la atención a necesidades básicas con conciencia deliberada, y la disposición para abordar dimensiones espirituales y existenciales. Estos principios fundamentan el cuidado como una forma de habitar en el mundo y desarrollar proyectos que promuevan la trascendencia y las relaciones interpersonales en un contexto cósmico.

Palabras clave: Cuidado Humanizado; Estudiantes; Cuidado de Enfermería; Sociodemográficos.

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INTRODUCTION

Dehumanization is the deprivation of the qualities that distinguish people as human beings; it can be understood as the consequence of a rational, scientistic model that distances itself from human sensitivity. The causes of dehumanization are work overload and stressful work environments that affect personal characteristics such as self-esteem, values, spirituality and principles.[1]

Caring is the human activity that is defined as a relationship and a process whose objective goes beyond the disease; in nursing, caring is considered the essence of the discipline that involves not only the receiver but also the nurse as a transmitter, whose purpose is to promote the health and growth of the person.[2] Florence Nightingale, in her book "Nursing Notes," refers to care with quality, technical, scientific and humanistic, emphasizes humanized care, which includes active listening to the patient and family, affability and communication; however, in practice, this component is forgotten and takes a back seat due to different factors that lead to dehumanization.[3]

On the other hand, the meaning and essence of humanized care comes from the word "humanity", defined as sensitivity, compassion, and kindness towards fellow human beings.[1] Thus making it known that humanized care is based on values, focused on the health world, in order to promote and protect health, cure disease and ensure the environment that favours a healthy and harmonious life in the physical, emotional, social and spiritual areas, contributing to the daily practices performed by the nurse, in order to maintain the physical and emotional stability of the patient.[4] Providing humanized care to others is not just one day. However, it is required daily to put into practice the values and virtues of having a better closeness, affability, humility, tenderness, being less cruel, and less severe to our fellows. This term is used to express the desire that something is good, according to the condition of the human being, and that it responds to the person's dignity.[5]

In Latin American countries, the person in charge of managing this care is the nursing staff since the main focus of their activities is care in the attention and provision of health services.[6] For this reason, some studies that were conducted in different countries such as Peru and Colombia concluded that there is a low perception of humanized care in Peru, showing low-quality care, unlike the study conducted in Colombia in which it was found that 70 % of patients always perceive humanized care behaviours.[7]

In Ecuador, the humanization of health services is centred on recognizing that there is technological and scientific progress in the field of health, but without forgetting that all this is only valid if it contributes to the well-being of the human being, meaning that dignified treatment must be provided, because considering the emotional aspects of patients can be key in their treatment, humanizing this care will result in the improvement of those who have lost their health because of this, a non-experimental, quantitative study was carried out which resulted in 62,4 % of humanized care perceived by the nurse-patient and family, and 37,6 % of dehumanized care, it is concluded that the humanized care is being applied properly in certain health institutions the maternal nature of the nurse is a fundamental part of the humanized care to pediatric patients.[8]

A study conducted in the city of Santo Domingo de los Tsáchilas, Ecuador, in 2016 about humanized care in the IESS hospital shows that one of the first factors that interfere when providing it is the poor communication between patients, which includes the identification of the needs of users in the service. Another factor was the lack of information about the procedures performed and, therefore, the dissatisfaction of the users.[9] Therefore, at present, the practice of humanized care has become a problem for health institutions since the nursing staff has given greater interest to the administrative and technical component, leaving aside the perspective of humanized care as a science that unites knowledge, sensitivity, strength and human sense.[10]

At the National Medical Meeting of Ethics Courts, the dehumanization of health care was associated with the moral risk in roles that could occur in the doctor-patient relationship and health systems. The patient wants to be listened to, understood and reassured, providing quality and warm care. In itself, the adaptation of a user depends on many sociodemographic factors such as Age, sex, marital status, educational level, occupation, and time of illness, among others. Therefore, nowadays, dehumanization can be seen in daily practice, where the patient is recognized by his pathology or by the number of beds, and the emotional needs of the patient are no longer taken into account since there are some health establishments with a biomedical view, where the only objective is to cure the pathology so that the patient and his social, family and emotional environment are left on another plane.

This review aimed to review the state of the art of humanized care about the sociodemographic data of nursing students.

METHOD

A search for information was conducted in the Redalyc, Elsevier Science Direct, PubMed/Medline, SciELO, the ClinicalKeys services and the Google Scholar search engine. Advanced search strategies were used to retrieve the information by structuring search formulas using the terms "Humanized Care", "Students", "Nursing", "Care", "Sociodemographic", etc., as well as their equivalents in English. We selected the documents that provided theoretical and empirical information in Spanish or English.

DEVELOPMENT

Conceptual Framework

Since the beginning of life, care in nursing practice has existed, and man, like all living beings, has always needed care since caring is an act of life that aims, first and foremost, to allow life to continue.[11] On the other hand, *nursing* is defined as a human service whose essential aspect is to meet the personal needs of the individual and perform self-care activities on an ongoing basis for the maintenance of health or recovery after illness.[12]

The World Health Organization (2016) has motivated the promulgation of the policy of comprehensive training for the human development of health professionals in search of the protection of the rights of people from the slogan: Humanized treatment to the healthy and sick person; this body emphasizes that Humanization is a process of communication and mutual support between people, channelled towards the transformation and understanding of the essential spirit of life.[4]

Sociodemographic factors

A sociodemographic indicator is a data that reflects a social situation or general characteristics, size of a population group and biological, socioeconomic and cultural characteristics that are present in the population under study, taking those that can be measured, such as Age, sex, marital status, educational level, occupation, religion, place of origin and residence, time of hospitalization and number of hospitalizations.[13] Age, sex, marital status, educational level, occupation, religion, place of origin and residence, time of hospitalization and number of hospitalizations.[13]

Age

The substratum of Age resides in the biological clock of individuals, in that complex system of tissues, systems and subsystems of chemical, molecular and organic order that interweave harmoniously as long as they do not get sick and finally die. Life and its prolongation are measured in years. Therefore, to grow old is accumulating years of existence, which is what Age is all about. In Spanish, years are the property of individuals.[14]

Sex

The Royal Academy of the Spanish Language indicates four possible meanings: "division between male and female", "set of beings belonging to the same sex", "sexual organs", and "biopsychosocial element that gives identity to the individual". Fernández, for his part, states that sex is an interaction between complex biological components, such as genetics, hormones and differentiated brain responses, which manifest and develop in the psychosocial sphere through sexual dimorphism.

Career

It is the studies that an individual develops in a university to achieve an academic degree, a series of studies that a person must take to obtain a degree and thus be qualified to practice a profession. Therefore, the individual who completes a university career can become a lawyer, architect, doctor or graduate in Communication Sciences.[15]

Level of study

It is the stage of the academic learning process with subdivisions, in which it is jointly related to the career of study that is being learned, that is to say, to all the formative trajectories as the beginning of a process, where the human being is occupied in increasing his value in the field that he specializes and contemplates in his system is known as Level of study, On the other hand, it is taken into account the higher education, these are also considered as the knowledge or the highest degree of studies carried out or in the course, without taking into account if they have been finished or are provisionally or definitively incomplete.

Marital status

Marital status is the stable or permanent situation in which a physical person is concerned about his circumstances and legislation, which will determine the capacity to act and each individual's legal effects. According to the civil registry, an individual's-individual's individual's condition is the set of personal circumstances that determine the rights and obligations of persons; this can be single, common-law union, married, divorced, or widowed.

Theory of Humanized Care

Casimiro Y Palma (2017), four based on the work of Watson Jean, considers that better to define the social and ethical responsibilities of nursing and explain the implications of human care, it is necessary to rely on the ten factors of care that he built and later modified, establishing the Caritas model or model of care, where he delves into the philosophical, transpersonal, ethical, art and spiritual-metaphysical aspects, which are described below:

As is practicing loving kindness and equanimity within the context of caregiving awareness; Allowing and maintaining a deep belief system in support of the subjective world of self and the one to be cared for; Cultivating one's own spiritual practices of the transpersonal self beyond the ego; Developing and supporting an authentic caring, supportive and trusting relationship; Being present to support the expression of positive and negative feelings as a deeper spirit connection with oneself and the one to be cared for; Creative use of all avenues of knowing, as part of the caring process; Engaging in the art of healing-care practices; Creating a healing environment at all levels: physical and non-physical environment, of energy and consciousness, where healthfulness, beauty, comfort, dignity and peace are enhanced; Assisting with basic needs, with a deliberate caring consciousness and managing essential human care conducive to the integration of mind, body, spirit and health unity of being in all aspects of care; Having the disposition to attend to the spiritual-mysterious and existential dimension of one's life-death, caring for the soul of oneself and of the one to be cared for.

With these principles, care is founded as a way of living in the world in which one has come to develop a project that will allow transcendence, a world with others through interpersonal, intersubjective, and transpersonal relationships located in a cosmic sphere.[16]

Self-perception of humanized care

Perception is a subjective process that manifests itself through the patient's opinion; it arises after the experience of a fact or stimuli; in this case, the self-perception of care is based on identifying the Perception of oneself of how one understands or defines humanized care from our perspective, beliefs and values. In this way, an interpersonal relationship is established that attends to the

human being in all its dimensions: biological, psychological, social and spiritual. For this reason, considering the humanistic aspect when providing care leads to improving the quality of nursing care.[5]

Referred to as the set of cognitive abilities of the consciousness that recognizes, interprets and creates judgments about the sensations received from the physical and social environment, Perception favours the knowledge of reality by creating an appreciation of an individual, observing the way they interact, analyzing their tone of voice, their verbal and nonverbal language, etc.[17] Knowing the patient's Perception of the care given is of vital importance to capture the feelings of fear, sadness or others that the patient presents; this knowledge will help the health professional to reduce the patient's stress, the nurse can fulfil a humanitarian role of empathy and support to the patient and not only procedural.

Background

According to Valencia (2021),[18] in his work titled "Self-assessment of Humanized Care by Nursing Students", 2021 the aim is to describe the humanized care behaviours of students at the Universidad La Salle de Cancun (Mexico). Where the identification of the humanistic subjects crossed during their training was evaluated, the study was at a cross-sectional descriptive level; its population was 44 students in their last semester, and sociodemographic variables were measured through the Nursing Care Behavior Evaluation Scale. As a result, 86,4 % (86,4 % women; 95,5 % between 21 and 25). The mean score of the ECCOE was 288,9, 97 % identified to have crossed humanistic subjects; at the most, they named three of the eight contributing to the humanistic profile (11,4 % of the students). Conclusion: 100 % of the students perceive caregiving behaviour highly, and the identification of crossed humanistic subjects is low.

On the other hand, Cevallos[8] conducted research entitled, Perception of Humanized Care and Satisfaction of Postpartum Patients attended at the Maternal and Child Health Center" Alfonso Oramas González" Duran - Ecuador, 2019; the objective of her research was to relate the Perception of humanized care and patient satisfaction. Its methodology was quantitative in scope, descriptive level, and correlational type. The structured questionnaire on the Perception of humanized care and the satisfaction of postpartum patients was used as an instrument, and it was applied to 90 women treated at the health centre for about a month. It was hypothesized that there is a significant relationship between the Perception of humanized care and the satisfaction of postpartum patients at the Maternal Health Center. In conclusion, the relationship of the variable Perception of humanized care and its dimensions of respect for values, preferences and expressed needs, information, communication and education, physical comfort, emotional support, relief of fear and anxiety, and involvement of family and friends has a high level which represents good treatment, respect, trust, quality and warmth, added to a good environment, where 72,22 % state that there is a high level between the two variables, as shown by the descriptive results. Also, a high level of correlation was manifested since the data (0,726, p= 0,00) indicates that the care provided by the staff is perceived to have a high degree of satisfaction and quality by the postpartum women.

For her part, Gutiérrez,[12] in her original thesis entitled Perception of Humanized Nursing Care Behaviours in Adult Patients Hospitalized in Medical Services. Chiclayo 2018, the objective of her research was to determine the Perception of humanized nursing care behaviours. Its methodology was non-experimental, descriptive and cross-sectional. The sample consisted of 303 patients of the Hospital Regional Docente Las Mercedes. The instrument used was the 3rd version of the PCHE questionnaire, which evaluates three dimensions: nursing qualities, openness to nurse-patient communication and willingness to provide care. Results: 36 % of the patients surveyed stated they always perceived humanized care, and only 5 % did not. The best-evaluated dimension is the Qualities of nursing work, obtaining 40 %, highlighting mainly respect and empathy, with only 27 % perceiving "Openness to nurse-patient communication". Conclusion: The percentage obtained is motivating since it reflects the ideal behaviour of humanized nursing care, modified by demand, nursing staffing, infrastructure, budget and patient dependence.

According to Napa Quispe,[19] in her thesis entitled Sociodemographic Factors and Perception of Humanized Nursing Care in the Medicine Service of the Hospital Nacional Arzobispo Loayza, Lima - 2018, to establish the relationship between sociodemographic factors and the Perception of humanized nursing care in patients of the Medicine service in said hospital. The study was correlational and cross-sectional. The population consisted of 106 hospitalized patients in November. The instrument "Perception of humanized nursing care" was used. The results showed that 69,8 % of the respondents perceived humanized nursing care as good, 18,9 % as regular, and 11,3 % as excellent, but none had a poor perception. According to sociodemographic factors, patients between 25-54 years of age presented 42,5 %; 55,7 % are female, 87,7 % live in urban areas, and 50 % come from the coast. According to educational level, 38,7 % were in high school, 33 % were married, 40,6 % were self-employed, 60,4 % were hospitalized for 3-7 days and 41,5 % were hospitalized for the first time. It was concluded that there was no relationship between the variables of sociodemographic factors and Perception of humanized nursing care, except for the factor "age".

Barrera and Parra[20] (2018), with their thesis entitled " Perception of Nursing Students About Teaching in Humanized Care vs Formative Practice at the University of Santander Campus Cúcuta," had as objective: to evaluate the conditions in which care is offered, the skills of nursing staff in front of patients and family, as a basis for the qualitative analysis of the quality of service offered during the application of medical procedures. Its population consisted of nursing students from the 4th to 9th semester of the university, where the basis for the analysis could be established through observation and interviews. Results and conclusions: It is advisable that professional nursing students are instructed about the culture of humanization and that students of all nursing semesters become familiar with it and can apply it in their community, clinical and administrative practices and carry out their practices with love, with pleasure, arrive at their practice sites with the best disposition, with a smile on their face, that they are responsible for creating a harmonious environment for patients who are there, in addition to treatment they also need humane treatment in order to continue recovering.

On the other hand, Serrato (2017), In his research titled "Humanized care from the perspective of the nursing professional of

the provincial hospital Docente Belene Lambayeque", to determine the level of humanized care from the perspective of the nursing professional, his methodology: 41 nurses from the different hospitalization services who accessed the study, data collection was obtained with two instruments. The results showed that 61 % provided a regular level of care, 24,4 % a deficient level and 14,6 % a good level. Concerning the level of humanized care according to the academic degree, it is affirmed that nurses who have a speciality and master's degree provide better care and that age does not affect when providing this care to the patient; in conclusion, the level of humanized care provided by the nursing professionals is regular, and there is a perception of favourable self-efficiency when providing care to the patient.

Also, Alcántara & Díaz (2017)[21] conducted a study entitled "Sociodemographic Factors and Perception of the Quality of Nursing Care in Older Adults. Hospital Belén de Trujillo-2017" ", to establish the relationship between sociodemographic factors and the quality of nursing care perceived by older adults the method it is of correlational type and transactional design, 140 older adults hospitalized in the Medicine service participated, an instrument consisting of two parts was used, the first seeks to know the sociodemographic data and the second has allowed to evaluate the quality of nursing care. As a result, 58 % were between 60 and 69, 42 % were between 70 and over, 51 % were women, 37 % lived in populated centres, and 41 % had completed primary school. They rated 74 % as good in the technical dimension, 68 % in the human dimension and 61 % as bad in the environmental dimension. They reached the following conclusions, which determined no relationship between sociodemographic factors and the perceived quality of care by older adult users served in the institution.

In addition, Alvarado (2017), in his research entitled "Humanized care of nursing interns and interns: An expression of quality in the Teófilo Dávila Hospital in Machala", aimed to determine the knowledge of interns and nursing interns about humanized care, in relation to the quality of care offered by the Teófilo Dávila Hospital in Machala, its methodology was descriptive cross-sectional with a quantitative approach, It allowed to detail the knowledge on humanized care, with an expression of quality of attention, the investigated group was 60 interns through a survey, in the results it could be observed that the investigated group has knowledge about the investigated topic, cataloguing the answer of always indicating, as excellent, in all the dimensions of humanized care; Phenomenological and interaction with percentages of 90 %; science 85 % and human needs 82 %, in conclusion the group of researchers expresses their knowledge of humanized care in practice, having what is necessary to provide quality care to each user.

According to Ashanga and Tello (2016),[22] conducted a study entitled "Sociodemographic, cultural factors and satisfaction with nursing care in external users attended at the Regional Hospital of Loreto, Punchana 2016" to determine the relationship that exists between sociodemographic factors, cultural factors and satisfaction with nursing care in external users attended in that hospital, as for the method was quantitative and descriptive correlational design, the sample consisted of 144 external users, the survey was used as a technique and as an instrument the User Satisfaction Scale, Likert type. As a result, 62,5 % of external users who attended the Surgery, Medicine and Burn Unit services reported feeling satisfied with the care received, of whom 34 % were adults, 32,6 % were female, 61,8 % professed some religion, 39,6 % were single, 34,0 % had a home occupation, 50,7 % had a lower economic level, 31,9 % were from urban areas, and 38,2 % had a higher level of education. They reached the following conclusions: There is a significant statistical relationship between the variables sex, religion, educational level, economic level, and origin in terms of the level of user satisfaction. There is a relationship concerning patient satisfaction between age, marital status, and occupation.

Finally, Altamirano (2016)[23] who conducted research in Chachapoyas-Peru, entitled Level of Knowledge about Human Care in Nursing Students, National University Toribo Rodríguez de Mendoza-Amazonas, Chachapoyas - 2016. The objective of her research was to determine the level of knowledge about human care in nursing students. The study used a quantitative approach, a descriptive level, observational type, prospective, cross-sectional, and invariant analysis. A knowledge test was used as an instrument and validated using the binomial test. In conclusion, it was possible to see that the level of knowledge about human care in nursing students is of "medium to low" level, as well as in all dimensions except for the spiritual one, which is of "medium to high".

CONCLUSIONS

To establish the social and ethical responsibilities of nursing, it is critical to consider a model that incorporates ten key factors in caring. These factors include practising kindness and fairness, supporting patients' personal beliefs, encouraging spiritual practices, developing authentic and meaningful relationships, and open expression of emotions. It also highlights the importance of applying knowledge creatively, creating environments conducive to healing, meeting basic needs with intentional awareness, and being willing to explore spiritual and existential dimensions.

REFERENCES

1. RAE. deshumanización | Diccionario de la lengua española.. «Diccionario de la lengua española» - Edición del Tricentenario. Disponible en: https://dle.rae.es/deshumanización

2. Báez-Hernández FJ, Nava-Navarro V, Ramos-Cedeño L, Medina-López OM. El significado de cuidado en la práctica profesional de enfermería. Aquichan. 2009 ;9(2). Disponible en: https://aquichan.unisabana.edu.co/index.php/aquichan/article/view/1476

3. Matesanz Santiago MÁ. Pasado, presente y futuro de la Enfermería: una aptitud constante. Rev Adm Sanit. 2009 ;7(2):243–260. Disponible en: http://www.elsevier.es/es-revista-revista-administracion-sanitaria-siglo-xxi-261-articulo-pasado-presente-futuro-enfermeria-una-13139761

4. Guerrero-Ramírez R, Riva MEM-L, Cruz-Ruiz MDL. Cuidado humanizado de enfermería según la teoría de Jean Watson, servicio de medicina del Hospital Daniel Alcides Carrión. Lima- Callao, 2015. Revista Enfermería Herediana. 2016 ;9(2):133–133. Disponible en: https://revistas.upch.edu.pe/index.php/RENH/article/view/3017

5. Ramírez P, Müggenburg C. Relaciones personales entre la enfermera y el paciente. Enfermería universitaria. 2015 ;12(3):134–143. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S1665-70632015000300134&lng=es&nrm=iso&tlng=es

6. Grajales Z, A R. La Gestión del Cuidado de Enfermería. Index de Enfermería. 2004 ;13(44–45):42–46. Disponible en: https://scielo.isciii.es/scielo.php?script=sci_abstract&pid=S1132-12962004000100009&lng=es&nrm=iso&tlng=es

7. Martín M. LA PRESENCIA DE LOS VALORES EN LA PRÁCTICA ENFERMERA. 2017 ;Disponible en: https://www.tdx.cat/bitstream/handle/10803/456048/Tesis%20M%C2%AA%20Luisa%20Mart%C3%ADn%20Ferreres.pdf?sequence=1&isAllowed=y

8. Cevallos Mejía CI. Percepción del cuidado humanizado y satisfacción de las pacientes puérperas atendidas en el Centro de Salud Materno Infantil "Alfonso Oramas González" Duran - Ecuador, 2019.. 2020 ;Disponible en: https://repositorio.ucv.edu.pe/handle/20.500.12692/46832

9. Maldonado M, Moreira E. CUIDADO HUMANIZADO EN EL SERVICIO DE LA UNIDAD DE CUIDADOS INTENSIVOS (UCI) DEL HOSPITAL GUSTAVO DOMINGUEZ.. 2019 ;Disponible en: https://catalogobiblioteca.puce.edu.ec/cgi-bin/koha/opac-MARCdetail.pl?biblionumber=210093

10. Prías Vanegas HE. CUIDADO HUMANIZADO: UN DESAFÍO PARA EL PROFESIONAL DE ENFERMERÍA. Revisalud. 2017 ;3(1). Disponible en: https://www.recia.edu.co/index.php/revisalud/article/view/575

11. Mendez R, Masache J. Cuidado humanizado de Enfermería en pacientes ingresados en el área de Medicina Interna del hospital Manuel Ignacio Monteros IESS de la ciudad de Loja durante Diciembre 2019 a Febrero 2020. Ocronos - Editorial Científico-Técnica. 2020 ;3(2):116. Disponible en: https://revistamedica.com/cuidado-humanizado-enfermeria-area-medicina-interna/

12. Chica L, Grnde Ye, Portal K. Percepción de los Pacientes sobre Trato Humanizado por Enfermería y su Influencia en la Recuperación de la Salud.. 2015 ;Disponible en: https://www.grin.com/document/288740

13. Ocasiete R. Características sociodemográficas e información sobre estimulación temprana en madres de niños de tres y cuatro años I.E.I. No 32 barrio nuevo del distrito de Ocucaje Ica - diciembre 2016.. 2017 ;Disponible en: https://repositorio.upsjb.edu.pe/item/f54ce8e3-f909-4856-9762-9182d1b70ef2

14. Gutiérrez E, Ríos P. ENVEJECIMIENTO Y CAMPO DE LA EDAD: ELEMENTOS SOBRE LA PERTINENCIA DEL CONOCIMIENTO GERONTOLOGICO. ULTIMA DÉCADA. 2006 ;(25):11–41. Disponible en: https://scielo.conicyt.cl/pdf/udecada/v14n25/art02.pdf

15. Carrera universitaria - Definicion.de.. Definición.de. ;Disponible en: https://definicion.de/carrera-universitaria/

16. Rodríguez-Jiménez S, Cárdenas-Jiménez M, Pacheco-Arce AL, Ramírez-Pérez M. Una mirada fenomenológica del cuidado de enfermería. Enfermería universitaria. 2014 ;11(4):145–153. Disponible en: http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S1665-70632014000400005&lng=es&nrm=iso&tlng=es

17. Correa FV, Agila DG, Pulamarín JJ, Palacios WO. Sensación y percepción en la construcción del conocimiento. Sophia, Colección de Filosofía de la Educación. 2012 ;(13):123–149. Disponible en: https://www.redalyc.org/articulo.oa?id=441846102006

18. Valencia Gutiérrez NV. Autovaloración del cuidado humanizado por estudiantes de Enfermería. Metas de enfermería. 2021 [cited 2024 Sep 15];24(1):2. Disponible en: https://dialnet.unirioja.es/servlet/articulo?codigo=7746908

19. Torres Suarez AI, Quispe Napa SJ. Factores sociodemográficos y percepción del cuidado humanizado enfermero en el servicio de Medicina del Hospital Nacional Arzobispo Loayza, Lima-2018. Sociodemographic factors and perception of humanized nursing care in the Medicine department at Arzobispo Loayza National Hospital, Lima-2018. 2019 [cited 2024 Sep 15];Disponible en: https://repositorio.uwiener.edu.pe/handle/20.500.13053/2907

20. Gualdrón M, Barrera-Ortega K, Parra-González N. Percepción de la enseñanza en cuidado humanizado vs la práctica formativa por estudiantes de enfermería. AiBi Revista de Investigación, Administración e Ingeniería. 2019 [cited 2024 Sep

15];7(S1):7–12. Disponible en: https://revistas.udes.edu.co/aibi/article/view/1680

21. Alcantara Benites KS, Diaz Tarma RL. Factores sociodemográficos y percepción de la calidad del cuidado de la enfermera en adultos mayores, Hospital Belén de Trujillo - 2017. Universidad Privada Antenor Orrego. 2017 [cited 2024 Sep 15];Disponible en: https://repositorio.upao.edu.pe/handle/20.500.12759/3301

22. Achanga G. Factores Sociodemograficos, Culturales y Satisfacción de la Atención de Enfermeria en Usuarios Externos Atendidos en el Hospital Regional de Loreto - Punchana 2016.. [cited 2024 Sep 15];Disponible en: https://core.ac.uk/reader/229594755

23. Alejandría Altamirano SM. Nivel de conocimiento sobre el cuidado humano en estudiantes de enfermería, Universidad Nacional Toribio Rodríguez de Mendoza de Amazonas, Chachapoyas - 2016. Universidad Nacional Toribio Rodríguez de Mendoza UNTRM. 2017 [cited 2024 Sep 15];Disponible en: https://repositorio.untrm.edu.pe/handle/20.500.14077/1158

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