



## Humanization of health assistance: concept analysis

Humanización de la atención en salud: análisis del concepto

Humanização da assistência em saúde: análise do conceito


Ángela María Henao-Castaño<sup>1\*</sup>  
Oscar Javier Vergara-Escobar<sup>2</sup>  
Olga Janeth Gómez-Ramírez<sup>3</sup>


### Abstract


The concept analysis of Humanization of health assistance presents a theoretical and reflective approach, evidencing the principles and values that give an aggregated value to the health services provided in a changing context. **Objective:** Analyze the concept of Humanization of health services. **Materials and Methods:** The proposal of Beth L. Rodgers was applied, which establishes seven steps for concept analysis. The documentary research was made with the databases Springer Plus, Pubmed, EBSCO Host and Biblioteca Virtual en Salud (Virtual Library of Health) and national organizations; in Spanish, English and Portuguese. **Results:** It was possible to analyze the concept of humanization of health assistance with 33 scientific articles, where ethical, epistemological and methodological attributes are described. Similarly, the assertive and effective communication is emphasized for health assistance, in the context of health-disease, contributing to nursing conceptions about humanization in that framework. **Conclusions:** Humanization of health assistance allows the development of strategies for the benefit of well-being and the good practice. Although the concept of humanization of assistance can be analyzed from different perspectives, the methodology of concept analysis is a useful perspective to consider the humanization of health assistance as a central concept that orientates policies of improvement and quality of assistance, as well as the promotion of practices that facilitate collaborative work, communication and human development.

**Keywords:** Humanization of assistance; nursing assistance; concept analysis; nursing.

### Autor de correspondencia\*

<sup>1\*</sup> Doctora en enfermería. Profesora Asociada. Facultad de Enfermería. Universidad Nacional de Colombia. Correo: [angmhenao@unal.edu.co](mailto:angmhenao@unal.edu.co)  [0000-0003-4203-0016](https://orcid.org/0000-0003-4203-0016)

<sup>2</sup> Doctor en enfermería. Profesor Agregado Escuela de Enfermería, Fundación Universitaria Juan N Corpas. Bogotá. Correo: [oscar.vergara@juannncorpas.edu.co](mailto:oscar.vergara@juannncorpas.edu.co)  [0000-0003-3158-9017](https://orcid.org/0000-0003-3158-9017)

<sup>3</sup> Doctora en enfermería de la Universidad Nacional de Colombia, Bogotá – Colombia. Profesora asociada a la Facultad de Enfermería de la Universidad Nacional de Colombia. Correo: [ojpgomezr@unal.edu.co](mailto:ojpgomezr@unal.edu.co)  [0000-0002-9160-4170](https://orcid.org/0000-0002-9160-4170)

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### Resumen

El análisis del concepto de Humanización de la atención en salud presenta una aproximación teórica y reflexiva, que evidencia los principios y los valores que otorgan un valor agregado a los servicios de salud prestados en un contexto cambiante. **Objetivo:** Analizar el concepto de Humanización de los servicios de salud. **Materiales y métodos:** Se aplicó la propuesta por Beth L Rodgers que establece siete pasos para el análisis del concepto. La investigación documental se realizó con bases de datos Springer Plus, Pubmed, EBSCO Host y Biblioteca Virtual en Salud y organismo nacionales; en español, inglés y portugués. **Resultados:** Con 33 artículos científicos se logra analizar el concepto de humanización de la atención en salud, donde se describen atributos éticos, epistemológicos y metodológicos. De igual forma, se resalta la comunicación asertiva y efectiva en la atención en salud, en el contexto de la salud-enfermedad, aportando a la enfermería concepciones sobre humanización en ese



marco. **Conclusiones:** La humanización de la atención en salud permite desarrollar estrategias en beneficio del bienestar y la buena práctica. Aunque el concepto de humanización de la atención se puede analizar desde diferentes perspectivas, la metodología de análisis de concepto es una perspectiva útil para considerar a la humanización de la atención en salud como un eje orientador de políticas de mejoramiento y calidad de la atención, así como en la promoción de prácticas que faciliten el trabajo colaborativo, la comunicación y el desarrollo humano.

**Palabras clave:** Humanización de la atención; atención de enfermería; análisis del concepto; enfermería.

## Resumo

A análise do conceito de humanização da assistência em saúde apresenta uma contribuição teórica e refletiva, que evidencia os princípios e os valores que somam valor aos serviços de saúde prestados em contextos mutáveis. **Objetivo:** Analisar o conceito de humanização nos serviços de saúde. **Materiais e métodos:** Aplicou-se a proposta de Beth L Rodgers que estabelece 7 passos para a análise de conceito. A pesquisa documental realizou-se nas bases de dados: Springer Plus, Pubmed, EBSCO Host, Biblioteca virtual em saúde e organismos nacionais; em espanhol, inglês e português. **Resultados:** Com 33 artigos científicos logrou-se analisar o conceito de humanização da assistência em saúde, descrevendo atributos éticos, epistêmicos e metodológicos. Igualmente, ressaltou-se a comunicação assertiva e efetiva no atendimento em saúde, no contexto de saúde-doença, contribuindo à enfermagem e conceitos de humanização nesse marco. **Conclusões:** A humanização da assistência em saúde permite desenvolver estratégias em benefício do bem estar e boa prática. Embora o conceito de humanização do atendimento possa se analisar desde diferentes perspectivas, a metodologia de análise do conceito é uma ferramenta útil para considerar a humanização da assistência em saúde como eixo orientador de políticas de melhoramento e qualidade do atendimento, assim como na promoção de práticas que facilitem o trabalho colaborativo, a comunicação e o desenvolvimento humano.

**Palavras-chave:** Humanização da assistência; cuidados de enfermagem; estudo de prova de conceito; enfermagem.

## Introduction

The Group of Care of the Universidad Nacional de Colombia Faculty of Nursing, formulates a methodology of concept analysis, based on the steps proposed by Beth Rodgers. The concept analysis of humanization of assistance, was made from the following question: Which are the ethical, epistemological and methodological elements of humanization of health services? In that sense, a reflective analysis is proposed, based on the available evidence about the topic of humanization of health services around the world.

Implicit in humanization, there is a complex system of organization and civilization that respects the autonomy of individuals, the diversity of ideas, the freedom

of expression and the rescue of subjectivity. The challenge of healthcare professionals and specially of nursing professionals is to have clarity on the uses of the concept and its implementation to the care practice, in the face of the technical – scientific progress; therefore, the use of this concepts falls directly on to subjects of care and society, in function of inclusion of all people and towns for the benefit of this progress (1) (2).

The Ministry of Health defines humanization in a context of quality, as an orientating principle of comprehensive health assistance; referring to the obligation of actors that intervene in such assistance to guarantee the accessibility, the opportunity, the pertinence, the security and the continuity of assistance for expecting

mothers, children and adolescents (GNNA). It should also be mentioned that their condition and human dignity must be respected, recognizing their socio-cultural context, the population and territorial diversity which is expressed in the particularity of their development (3).

The concept analysis is a way for the development of the theory, providing an opportunity to explain and describe phenomena of interest that are useful for practice. It is also a linguistic exercise that works to determine its attributes and although it is a rigorous and precise process, the final product will always be tentative (4). The concepts are words that describe: objects, properties, events and relationships between the so-called descriptive terms (5). The interest in the definition of concepts in nursing aims to achieve precision in its terms, to facilitate and expand the understanding of the concepts among its agents and the importance of perceiving the meaning of words and the link with their history or origin; meaning, representing them through symbols and meanings established by the use, customs or the association (6).

Chinn and Kramer define the concept as “a complex mental formulation of empirical experience”; therefore, the concepts are abstract cognitive “representations” of perceptible realities that are built through direct and indirect experiences. These go from empirical observations directly observable to indirectly and relatively abstract visible mental inferences (7).

The purpose of this paper is to present the concept analysis of humanization of assistance through the concept methodology, following the steps proposed by Rodgers (See Table 1).

## Materials and methods

The research approach that corresponds to this study is the concept analysis, which was carried out under the seven steps proposed by Beth L. Rodgers (8), allowing to identify the concept of interest, the surrogate terms, examples and collection dates, the attributes of the concepts, the references, antecedents and consequences of

the concepts, the relationship of concepts and the model case; also, interdisciplinary and temporary comparisons were made as described in Table 1. In this concept analysis, research papers that included indexed keywords were consulted in the databases: Springer Plus, Pubmed, EBSCO Host and Biblioteca Virtual en Salud; as well as the web page of the Ministry of Health and Social Protection of Colombia.

For the concept of Humanization of health services, the descriptive terms of Health Sciences were consulted in three languages (English, Portuguese, and Spanish): Humanization of Assistance, Humanização da Assistência, humanización de la atención. Consequently, the term is defined as the type of assistance that corresponds to a more effective treatment, due to the patient being listened to and respected by the healthcare professional. It should also be added that it is necessary to humanize the work conditions of these professionals. Biblioteca virtual en Salud, Index terms in Health Sciences DeCS).

At the same time, research papers that presented the concept based on its use and relevance were found; similarly, words with synonyms were identified such as: humanized care, humanized assistance, humanized health, understanding of the human being, integrality of the subject, dignity and human condition. These terms allowed to track 20 pieces of research that evidence a broad, diverse, and concrete outlook of the use of the concept about humanization of assistance in nursing.

Within the inclusion criteria of the search, published research papers from the last 20 years were selected, in the languages of English, Portuguese, Spanish and the availability of the full text; ultimately, research papers, systematic reviews and document repositories were selected. In function of the previously contemplated criteria, a final selection of 33 research papers and documents present in the web pages of government entities such as the Ministry of Health and Social Protection were obtained for their relevance and content

**Table 1.** Steps in the Rodger’s model. Analysis of the concept of Humanization of health services

Steps	Concept of Humanization of health services
1. Identify the concept of interest.	Humanization of health services
2. Identify surrogate terms and relevant uses of the concept.	Humanized Care Humanized Assistance Humanized Health Understanding of the human being. Integrality of the subject Dignity and Humanize Human conditio
3. Identify the and select the appropriate setting and sample to collect data.	Databases: Springer Plus, Pubmed, EBSCO Host and Biblioteca Virtual en Salud Years 2000 – 2020
4. Identify the attributes of the concept.	Ethical attributes, autonomy of the patient, solidarity with the person Ethical principles Epistemological attributes, Humanism and Existentialism Methodological attributes and practices that Humanize health assistance Assertive and effective communication in the process of humanized care Security of the patient Humanization programs and policies User and family satisfaction
5. Identify references, antecedents and consequences of the concept.	The development of emotional skills.
6. Identify concepts related to the concept of interest.	Humanization Dignification of the human
7. Identify a model case of the concept.	Example applied in the practice, experience.

**Source:** own elaboration about the concept analysis (2021).

## Results

Next, the seven steps proposed by Beth Rodgers are described for the analysis of the concept about humanization of health services.

### Step 1. Identify the concept of interest.

The first step is a pillar to advance in the process of concept analysis, parting from the concept of humanization which “emphasizes the reception (hospitality), the dialogue, the spiritual and emotional support, the active listening, and the consolation in the face of tragedy which is usually a disease” (9). Coincides with the pervious definition and asserts that all citizens must receive humanized assistance that is sensitive to their needs, including the formal demands to count with a system of information and assistance that respects the dignity and autonomy of the person.

On the other hand, humanization can be considered as a fundamental concept within the health sciences, since it includes guidelines and priorities for all people and processes, proposing transformations in the social relationships of the participating actors and in the interactions generated among them. Likewise, looking for the implementation of scientific instances, strategies of intervention and assistance, that establish teamwork and the assistance of people from different disciplines and fields of action; also valuing the participation of the actors and the joint responsibility of supervisors, workers and users in the field of such assistance. Therefore, the “Humanization of health should be a fundamental base in the relationship of human beings; however, a therapeutic distance phenomenon is currently observed, associated in some cases with negligence and depersonalization of the relationships, allowing to recognize that there are processes of dehumanization that have

been generalized in a systematic manner. For Canizales et al. these are related to technological developments but could also be caused by the different health systems, which do not cover the needs and expectations of the patients” a concept that allows to envision a reality of the health system, within the biological paradigm, making of this concept a challenge (9).

When talking about humanization of assistance it is significant to consider a whole set of implicit values in this concept; first, health institutions have the obligation of not only providing the human resources, but also the mechanisms to properly complete their responsibilities, and attenuate their educational and communication weaknesses (10); second, these factors suppose an adequate intervention for the limitations of infrastructure and equipment that negatively influence the achievement of quality assistance (11) and the satisfaction of the patient (12)

## Step 2. Identify surrogate terms and relevant uses of the concept.

The scientific literature, allowed in this exercise to identify surrogate terms that in time had an important trajectory from their origin, development and evolution in the health sciences and in the behavior of the human being in diverse health situations, managing to identify with these concepts the significance, use and application that in some cases is strong and in some other depends on the context in which humanization is relevant. In this order of ideas, the surrogate terms are the following: Humanized care, Humanized assistance, Humanized health, Understanding of the human being, Integrality of the subject, Dignity and Human condition (13, 14).

When talking about Humanized Assistance, it always evokes a concept that has been constantly used in the health area. There are authors that situate humanization as the search for assistance, as well as the technique and the preoccupation for the disease and consider it as a need to evaluate the human being keeping in mind their personal characteristics. Likewise, there have been arguments that refer to the modification of certain practices, mainly in relation to the improvement and qualification of assistance through sanitary professionals, with the objective of making it humanized (15).

Thus, this analysis allows to dimension a reflection about what the act of assistance is in the health services and why in the last years it has become a concern, not only for the healthcare professionals but also for society and the healthcare systems of the region; being

a guiding line for health policies it is established as an essential feature of this term to be mandatory and enforceable in order to provide humanized assistance in health services (16).

Regarding Humanized care, Souza et al. mention that conceptions about humanization bring to social issues, that show the relationship between the professional and the user of the assistance provided; as well as management issues, which show the difficulties and easiness in the assistance setting for a humanized assistance (17). A situation that positions the concept from the social, administrative, and human relationship perspectives, that has a behavior and interrelationship pattern where communication goes beyond an issuer and a receptor when providing health services. Also, it is important that nursing professionals provide care that is user-centered care and that this humanized care is integrated to the praxis to improve the quality of assistance in the health services (18, 19).

It should also be mentioned that nursing has been based on theories that contribute to significant aspects for the caring science, where the theory of human caring of Jean Watson is distinguished, globally recognized for the Caritas Processes, which connects the nursing values from a qualitative perspective such as art and caring science. For her part, Kristen Swanson proposes to achieve welfare, by humanizing care from professionals with extensive experience, abilities and capacities in integrative and holistic knowledge of a person in its daily life, since all the aspects around their life and context affect in a positive or negative way in their welfare (20).

Regarding Humanized Health, it should be analyzed from interprofessional collaboration, since health teams are working for the benefit of people, families and communities; hence the importance of the conception of health within a society, which will allow to establish a relationship between healthcare professionals and people who go through states of alteration of their well-being. Olivera recalls that the inclusion of other healthcare professionals, as well as managers, is important because it facilitates the approval of humanization; however, the nursing professionals should be considered as essential for the performance of humanized assistance (15).

From the Understanding of the human being, it has been interpreted that healthcare professionals must be prepared to interpret, read and help other humans based on communication as a fundamental aspect in the human process especially when it is about well-being; on that subject Medina (15), cited by Olivera, states that



good communication is an important factor for humanized care, since it is a great vehicle from which humanization could be practiced. Therefore, it seems to offer emotional support, access to information and speaking to the client, encouraging the clients to express their emotions, making care more humanized. With this vehicle of communication skills, the nurse of the future can escalate levels to dimension the needs of the human being, based on assistance centered on the person, the context, the family and their health situation; situations that make up a particular and unique world, allowing a continuous interaction that will facilitate humanized care in any scenario of human health (21). As evidenced in these scenarios, the humanization of health services is demanded: hence, the nursing professional is responsible of caring with art and science, and should use all the means to help people during the processes of health promotion, prevention, recovery and rehabilitation (22).

The Integrality of the subject is a surrogate concept, but at the same time tells what health organizations should have in models of nursing care, since holistic care is a current trend. It should also be added that after a long of time marked by hegemonies the assistance of a person has been divided by specialties (23). In that sense recalling an episode of distance that was taken when assisting people, a distance that emerges between common sense and scientific knowledge, especially when the individual is put on a hospital and care context (24). A posture that triggers feelings like impotence, anxiety, stress and fear on what might happen, originating various preoccupations both for the subject and their family, this way maintaining a submissive position of care, because they feel in unequal conditions compared to professionals (which are considered as the holders of scientific knowledge) (25).

It is here where the opportunities of meeting instead of

taking distance should always be considered in health teams, in function of the consciousness of being, and helping another human being, based on the communication, empathy and most of all dignity and respect towards the person.

Dignity and Humanize, are probably the concepts that a professional nurse should worry about with the purpose of maintaining an efficient relationship in health assistance within the services; and it is from there that each actor must contribute to understand that it is more than a transaction, there should exist a human bond that dignifies the person going through their state of health and the healthcare professional that gives all its potential to act; therefore, it should be done always insisting that some ethical principles should be considered by the team for the relationship with the user (15).

In conclusion, these surrogate terms, although different in their conception have a common purpose, such as humanization of assistance, regarding the political framework, the clinical or public health contexts, the educational and research contexts, in order to establish a reciprocal and integrative relationship, based on a body of epistemological knowledge

### Step 3. Identify the and select the appropriate setting and sample to collect data.

It is convenient to mention that the concept of humanization of health services has evolved throughout different contexts about the role of human health, starting from the concept of humanization in the field of nursing work, currently adapting it to specific scenarios of health assistance such as: public health, emergency and intensive care unit service, assistance for patients with diseases like Human Immunodeficiency Virus (HIV) and COVID 19 (26) See Table 2.

**Table 2.** Concept development of Humanization of health services

Development setting of the concept	year
Humanization of nursing work	2003
Humanization of health- Humanization of professionals and users	2004
Humanization of healthcare	2005-2006
Humanization of nursing	2008
Humanization of public health	2013
Humanization of health services	2013
Humanization of the Intensive Care Unit	2014
Communication as instrument of humanization	2016
Humanization of assistance	2018
Humanization of emergency services	2019
Humanization of patients with COVID 19	2020

**Source:** Own elaboration concept analysis (2021)

The humanization of health services is circumscribed to the different care settings, in this regard studies were found for the emergency services where humanized assistance includes offers of services and technologies, human resources, and materials and infrastructure, orientated to a safe assistance that guarantees comfort and welfare to the users of health services (17). It is known that technologies are useful devices to radically modify the work process, especially if the professionals are willing to use their “box of tools” with the objective of solving the health needs of the users as conducts of humanization (27).

Also adding that the services of intensive therapy have an apparently intuitive understanding of the concept of humanization, starting from a perspective of empathy for the user. Empathy is a valuable tool in the humanization process, where the individual is put on the shoes of the other, acting according to their ideals and values, rating the care provided (28).

The assistance in health should solve in an effective manner the health issues; therefore, assistance towards the user is fundamental for humanization. The ethics of care deserves a similar assistance and covers the actual possibility of patients following the prescribed treatments (ontology-based care). The esthetic aspect is another one to consider because it integrates the assistance given to the environmental, hygienic and cleaning conditions, to the nominal identification of the patients and their companions, among others (29).

The purpose or objective of humanizing health implies accepting and recognizing that in this setting and in its practice serious problems and deficiencies may arise in many of the given conditions, by the definition of design, the organization and the implementation of health

assistance, understood from the perspective of humanity, organisms, State practices and civil society (21).

Humanizing from the nursing perspective is seen as the humanization of nursing care, also adding the technical and scientific competence; likewise, it is considered as an ethic that contemplates and respects the singularities of the needs of the user and the professional in the health systems (30), but that also accepts the limits of each participant in a situation that requires health actions (31). Humanization of nursing assistance should be seen as the participation of the subject that, as a human, is able to express human and “inhuman” attitudes based on relationships among everyone in daily life (32).

#### Step 4. Identify the attributes of the concept

The attributes of the concept of humanization of assistance, imply the understanding of the human being in its living process, rights, specificity and integrity. Being oriented by care is breaking the logic of training excessively based on biomedical hegemony, authoritarianism of the relationships, and power, built from knowledge that silences others and objectifies the subjects (11). One of the attributes presented by the concept, is related to communication as a basic instrument in the process of humanized assistance regarding the hospitalized patient. Communication in nursing plays an important role concerning competent and humanitarian care (10); thus, the patient should be granted privilege through a therapeutic relationship, understood as an interactive and personalized process, that privileges affinity and understanding (33). Consequently, communicative action promotes the connection and the coordination of assistance and includes all kinds

of technologies, because communicative action is the only one able to articulate the different worlds and their respective types of action (34).

At the same time, it is considered that humanization of assistance emphasizes on the health institutions, and communication allows the team to understand the needs of the patient in their condition of vulnerability caused by the disease; for this reason, the hospitalization process rises the need to reflect about the relevance of communication for humanized care in nursing. It should be stressed that communication, as an instrument for the humanization of assistance for the patient, must be perceived, both from the verbal and non-verbal language, since the verbal system allows the nursing professional in the relationship with the patient, to perceive non-verbal characteristics, revealed in signals, gestures and movements that express messages and thus understanding the real needs of the patient.

Frequently, the individuality of each patient is silenced, without a space for their care that recognizes their fears, insecurities, preoccupations, needs, anguishes and uncertainties or even guaranteeing the participation of the patient as an autonomous individual, that has the freedom to express what they feel, perceive and think about their condition of being sick or unhealthy (33). Therefore, humanizing means taking in the patient in their essence, starting with support translated into solidarity, understanding the singularity of the sick or unhealthy and in the appreciation of life.

It is important to emphasize that practice without the understanding on the attributes of the patient, only leads to the performance of assistance in a vertical-unidirectional relationship between the patient and the user. For this reason, the indispensable attributes for the actions of humanized care must be related to the human being, the relationship of professional-user, the subject of care, communication and the holistic approach (35).

On the other hand, the perspective of nurses, regarding the expansion of the competence setting, implies changes that not all professionals are willing to assume, whether it is for legal, conceptual, deontological reasons or for overlapping roles with other professionals that historically have enjoyed of greater social recognition (36).

#### Step 5. Identify references, antecedents and consequences of the concept.

For humanization of assistance to be effective in practice, teamwork is necessary, valuing and including all the subjects who are protagonists in the health centers (37).

#### Antecedents of the concept

The situation of the patient, the communication abilities of the health personnel and the condition of both, as human beings, influence the words, gestures and attitudes during the nurse-patient relationship, where the presence, the actions and the way of doing them leave an important impression in the patients and their family members (38).

#### Consequences

Indeed, in the hospital setting, it is necessary to develop emotional abilities that allow sensibilization with situations experienced daily, avoiding technicism; from this perspective it is necessary to offer humanized care to the client, avoiding mistrust. The historical stereotypes that nurses gone through should be broken, this way making space for an improvement in their social vision (39).

It is convenient to emphasize that the humanization of life care, respecting the individuality of the person, should provoke a holistic perspective, extrapolating the “biological understanding of the disease and contemplating the psychological, social and spiritual aspects that directly or indirectly influence the health process” (33)

#### Step 6. Identify concepts related to the concept of interest.

In this step it is fundamental to associate the scientific pieces and the main concept of study, from the stance of Pallares who affirms that humanization is directed towards the vindication of the rights and duties, the autonomy and respect of will, increasingly promoting the physical and mental well-being of the patients, assisting them on a comprehensive way, considering that they are complete, totalitarian, unique and unrepeatable beings that are involved in a particular context. Also, considering their feelings, thoughts and ideas, since they act according to their own set of values, beliefs, practices, characteristics and lived experiences throughout life, which makes them much more sensitive to what is observable at first sight; in other words, requiring a holistic vision and care that helps the prolongation of their life (40).

This concept analysis of humanization assistance in health has an intimate relationship with soft skills such as empathy, compassion, dignified treatment (21), solidarity, fraternity, affection, love and respect for the other (23). Also adding, that all this is centered in the vehicle of communication (15) which might be the most valid human tool to recognize the needs in health. Hence, continuing education should be promoted in the universities, focusing the attention on this fundamental process for humans, that is useful to make known preoccupations, issues, ideas and feelings, constantly interacting with people.



In the assistance scenario (21) the context given should be considered since it facilitates the transit of the health-disease process, involving the family as an act of humanization in health assistance (41). Consequently, human care should not be considered if the family is not present; therefore, this need indicates that this analysis should be made from a perspective of satisfaction and happiness of the human condition.

It should also be mentioned that, the humanization of assistance means collectively caring for people, with responsibility, commitment and ethics, helping them to overcome their limitations, promoting self-management (42), rethinking, reconsidering and reinventing the ways in which care, treatment and respect are provided in the health services.

#### Step 7. Identify a model case of the concept.

It is convenient to indicate that this is an initiative from “Unamos Humanos” of The Group of Care of the Universidad Nacional de Colombia, Faculty of Nursing 2016-2018.

During the accompanying work made by the group of care, it was relevant to support the initiative “unamos humanos” as an invitation to connect students, graduate students and professors that participate in care group reunions with an outline of collaborative work and human interaction. “Unamos humanos” was made in 2016 as a student group that was registered in the Office of Well-being under the project Spiritual Well-being with the use of healing tools. This model case of work from the group allowed to evidence in the practice, the use of experience-based tools such as meditation, biodanza and Reiki, which facilitate the processes of self-reflection and social appropriation of knowledge in relevant environments, for example the university campus.

It is important to emphasize that this project was supported by the faculty of nursing; as well as by the group of students and graduate students that offered their knowledge and experiences to contribute in a precise way their knowledge regarding the aspects that favor the humanization of health. The healthcare professionals and nursing students therefore became agents that promote practices that humanize assistance, since, recognizing the contribution of these healing tools, achieves the benefit of encouraging values and principles of a practice committed to human beings, do good, collaborate and be solidary. The educational evaluations, at the end of this project, were able to document the perception of the participants in their comprehensive education at the Faculty of Nursing. Actions that allowed to live moments of interaction that will not be forgotten, cultivating spiritual well-being; at the same time being prepared in the best way to care for others from a perspective of humanization in health assistance. It is expected that this model can be multiplied in

other education scenarios for health professionals and for the care practice.

Finally, the model case previously exposed can be delimited within the theoretical conception of Watson for whom nursing is a science, as well as an art of transpersonal care from a phenomenological perspective that includes aspects of transaction connections among people, with the purpose of dignifying the human being and create moments of humanization of assistance (43).

## Discusión

This study proposed to clarify the concept of humanization of assistance applying the analysis method proposed by Rodgers (13) following each of the steps, enriched by the analysis of studies from different databases.

It is important to note that the examined studies evidenced how the concept of humanization of assistance in health is discussed from different academic, clinical and community fields, highlighting the presence of an ethical pattern, characteristic in health assistance, where factors such as teamwork and the processes of continuous and effective communication are essential for the adequate management for the different actors of health assistance.

As set, the concept is developed in different scenarios of health assistance; however, there are barriers related to the humanization of the emergency service, such as the absence of training for compassion competences, the lack of information in the area of specialization and the increase of the nurse-patient ratio (44). In the scenario of the Intensive Care Unit, humanization involves technical, technological and organizational components, essentially entailing their political and philosophical dimensions which confer an ethical, solidary and humanitarian character in acts of care (45).

Another aspect to consider, is that from the academic scenario, theoretical-practical elements can be identified which have been built from the teaching of humanization in the context of health, becoming indispensable, encouraging greater investment in effective construction of new ways of caring (46), which responds to an epistemological path of care from its origins until today.

The predominant attribute presented was communication both in the professional setting as well as in the organizational setting with the purpose of favoring the humanization of assistance (47). In most of the studies the predominant approach was ethics understood in function of factors related to: compassion, responsibility and doing the best for the other, making visible the ontology in the act of care and assistance of humans as

a fundamental concept.

Studying the humanization of health services as a concept, allowed to understand the implications it has on nursing and health sciences, based on the training, the practice, as well as on the research from the professional and disciplinary action, as mentioned by Azere-do who convenes to make humanized assistance visible from public policies, based on respect and the fight for the rights of the patients, preventing violence in the assistance of humans (48).

As a consequence of the analysis of the concept, it can be deduced that soft skills are a guiding axis for humanized care; a concept that coincides with the study of Ortiz et. al who describe that among the factors related to the lack of humanization are the absence of training in compassion competences, mindfulness, and soft skills; plus, the disinformation in the specialization area and the increase of the nurse-patient ratio (49). As shown, this panorama allows to infer the need to consider these for future research studies, applying innovative and contextualized methodologies to the realities of the healthcare professionals in different services of assistance.

## Conclusions

- The concept analysis allowed to present a theoretical and reflective approximation of some ethical, epistemological and methodological elements of the humanization of health care, as a relevant concept in the health sciences.
- From the nursing perspective as a discipline and a science that is focused on care and humanization of assistance, it becomes a focus to direct the actions in benefit of the welfare and good practice, that show a concept development and an epistemo-

logical path immersed in the practice of care. Although the concept of humanization of assistance can be analyzed from different perspectives, the methodology of analysis of this concept is a useful perspective to consider the humanization of assistance in health as an orientating concept of policies for the improvement and the quality of assistance, as well as the promotion of practices that facilitate collaborative work, soft skills, communication, ethics of care from an ontological approach and human development, always respecting human rights.

- With the previously exposed, an opportunity to contribute is set to close the gap between the theory and the practice, showing the results of collaborative work projects between students and professors, that can promote a nursing practice with a transforming focus for the humanization of basic services (50). Also specifying that it is highly complex, as learning comes into play, appropriating moments of significative interaction.
- Likewise, research methodologies are evidenced, which review the literature, exploratory and descriptive studies related to the concept of humanization of assistance; however, rising from the methodology, it is necessary to promote at the level of knowledge future mixed studies of correlation, control and prediction, in order to count with levels of scientific evidence, that allow the transfer of knowledge to practice, this way contributing to an assistance in health services that is innovative, contextualized, avant-garde, safe, and with a model of assistance that is focused on the person and its family

## Conflict of interest

The authors declare that they have no conflict of interest.

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