

Perception of humanized nursing care (PHCE) by family members of critical care pediatrics

Abstract

Introduction: Based on the theory of human care of Watson, the human care in pediatric nursing is of utmost importance in this vulnerable group, it is necessary to rescue the human, spiritual and transpersonal aspects in the practice of the different areas of health.

Objective: To the perception of family members of the humanized care of pediatric patients.

Material and method during 3 months, patients of the pediatric service were selected, including the critical care units, the perception scale PHCE -50-question instrument was applied to parents and / or guardians of preschoolers yescolares. Descriptive analysis, in SPSS version 20.

Results: 12 (24%) of the masculine gender and 38 (76%) of the feminine gender. With predominance of the age group 28 to 36 years with 25 (50%). College complete in 12 (24%). Married were 34 (68%). The employees were 30 (60%). Stratum three predominated in 24 (48%). 20 (40%) had 12 to 14 days of hospital stay. 41 (82%) tutors felt assisted when the nursing staff came to them. 43 (86%) dictated that nurses (o) are amenable to the treatment they provide. 43 (86%) commented that nursing staff generates peace of mind. The nursing staff attends to their basic needs such as feeding, bathing and elimination in 46(92%) tutors, to 46(92%) they explained beforehand the performance of a procedure. 45(90%) dictated that the nurse give instructions on the care of the patients. Listen carefully at 42(82%). 48(96%) commented that they respect their decisions. 44 (88%) comments that the staff identifies their needs.

Conclusion: There was a predominance of tutors of the female gender, with a majority degree of university, besides being married, being employed and with stratum three. Most of the tutors dictated that they felt cared for when the nursing staff went to them, they were kind, they generated tranquility, they attend to their basic needs like food, bath and elimination, explains in advance the performance of a procedure, gives instructions on patient care, listen carefully, respect your decisions and that identifies your needs.

Keywords: humanized care, nursing, PCHE scale

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Introduction

Human care involves values, willingness and a commitment to care. The perception of care concept is defined "as the mental process by which the patient and the nursing staff obtain significant moments in their care during the interaction of the way in which the patient is understood. Perception of care and how the relationship depends on the joint achievement of proposals for change to dignify people or strengthen their autonomy, which is essentially what care intends. The nurse (or) generates the ease and availability to approach each other, have time to listen, communicate kindly and establish an empathic relationship. For Watson, empathy is the ability to experience, and therefore to understand, the perceptions and feelings of another person, as well as the ability to communicate this understanding. Humanized care is based on the scientific knowledge, the technical capacity and the therapeutic relationship that the nurse establishes with the patient, and it supposes welcoming the other in a warm way without ceasing to be oneself, stripping oneself of all the external factors that may affect it at some point committed and high quality care that implies humane care.¹ The humanitarian care in pediatric nursing is extremely important in this vulnerable group, it is necessary to rescue the human,

spiritual and transpersonal aspect in the practice of the different areas of health. The present work is intended to measure the perception of the family member of the patient hospitalized in the pediatric services and critical areas the humanized care provided by nursing in the hospitalization area.²

Taking into account that care throughout history has had different variations in terms of its conceptualization, interpretation and application in practice, it is a priority to know if it has been internalized in nursing professionals to provide it in an integral and humanized way. It should be noted that every action, call procedure, handling of protocol or high-tech equipment, use of skills, skills and application of scientific knowledge, is carried out in professional practice without ignoring that you are working with people who deserve affection, love, dedication, understanding and many other characteristics. That involve providing humanized Care.

The mission of nursing professionals is to take care of the health of individuals, families and communities at all stages of their life course and in their development processes. Nursing interventions are based on scientific, humanistic and ethical principles, based on respect for

life and human dignity. Technological advances in recent decades have led to a considered increase in technical knowledge, in contrast to the slow development of strategies linked to factors or social and human aspects involved, this leads to an imbalance in health care with a marked emphasis on the diagnosis and treatment of diseases and an insufficient consideration of humanized care.³

When you talk like this, you want to deepen your conception of person, promoting your quality of life, protecting your rights, contributing to the satisfaction of your needs without forgetting the psychological, social, spiritual and environmental aspects.⁴ Gala E. Diaz says that a socially skilled nurse is able to interact and communicate effectively by engaging in an interaction with her patients and with more professionals convinced of the importance of them.⁵ Dr. Jean Watson author of the theory of human care proposes the rescue of humanized, spiritual and transpersonal care in the face of the risk of dehumanization due to the administrative restructuring that health care has suffered, taking into account that the practice of the nursing profession does not only have the general purpose to promote health, prevent disease, intervene in treatment, rehabilitation and recovery of health, relieve pain, but also provide welfare measures and contribute to a dignified life of the person, care is the essence of nursing, they should be constituted transpersonal and inter subjective poractions to protect, improve and preserve humanity by helping the person to find a meaning to the disease, suffering, pain and existence and help another to acquire self-control, self-knowledge and self-healing.⁶ From the moment of the hospitalization of the patient, the immersion in life and the hospital structure generates a profound change in the representation of the habitual roles, this response originates from the need to adapt to an environment that usually generates fear, fear of what is known, as to the uncertain on the one hand of the disease and, on the other hand, to the communication barriers that raise the sanitary ritual infrastructure and the immersion in a new social status: "that of patient". This situation demands a relationship of inequality, which is essential to take into account as a starting point of any analysis of the hospitalization process.⁷

The concepts of Jean Watson's theory is the relationship of transpersonal care, which is a spiritual union between two people that transcends "person, time, space and life history of each one". This transcendence allows both the patient and the nurse to enter the phenomenological field of the other. According to Watson, an occasion of care is the moment (elfoco in space and time) in which the nurse and another person live together in such a way that the occasion for human care is created. Both people, consus unique phenomenological fields, have the possibility to come together to a human - human transaction. For Watson, the phenomenal field corresponds to the framework of the person or the totality of consistent human experience, feelings, bodily sensations, thoughts, spiritual beliefs, expectations, environmental considerations, and sense/meaning of self-perceptions-all of which are based on the history passed, the present, and the imagined future of oneself. Not a simple metapara who is caring, Watson insists that the nurse, the giver of care, also needs to be aware of their own knowledge and authentic presence of being at the moment of care with their patient.⁸

The care of the human being is the essence of the practice of nursing, for Watson the objective of the nursing consists in "facilitating the attainment of the person of a greater degree of harmony between mind, body and soul; that engenders processes of self-knowledge, respect for oneself, self-healing and self-care while encouraging an

increase in diversity, protection and preservation of human dignity, "which implies reaching the essence of interaction with the other. In a reciprocal, authentic and intentional way."⁹

Perception of nursing care: it is defined as a mental process of the human being that allows him to organize in a meaningful and clear way inside himself, everything that he obtains from the outside, in order to be aware of what surrounds him; in the nurse - patient relationship, this perception of nursing care refers to the care that underlies the interaction at the time of caring for the other and how the intentional moments and actions of the person being cared for and of the so - called caregiver are internalized and classified. Perception: is defined as a mental process of the human being that allows you to organize in a meaningful and clear way inside yourself, everything that you get from the outside, to be aware of what surrounds you. Care: It consists of helping another person, trying to increase their well-being and avoid suffering any damage.^{10,11}

González Ruiz et al. They investigated in their study "Humanized nursing care perceived by relatives of pediatric patients, users of the Fernando Troconis University Hospital of Santa Marta" in 36 family members of pediatric patients that 58.7% always perceived the humanized care of nurses, on the 17th, 5% almost always, 13.3% sometimes and 7.5% never perceived it and concluded that a fairly favorable perception of the concept of "humanized care" in the families of pediatric patients was evidenced.¹² MP Rodríguez-Quezada in his study of Management tools management and perception of nursing care in hospitals in Chachapoyas, Peru, found that regular management of the Process of Nursing Care (PAE) in both hospitals, little scientific-technical capacity of staff of Nursing, but good personal interaction.¹³

Humanized nursing care perceived by family members of pediatric patients, users of the Fernando Troconis University Hospital of Santa Marta, found that 58.7% always perceived the humanized care of nurses, 17.5% almost always, 13.3% some times and 7.5% never perceived it, a fairly favorable perception of the concept of "humanized care" was seen in the families of pediatric patients.¹⁴ An observational, prospective, cross-sectional and descriptive design study was carried out for three months to relatives of 50 hospitalized patients, selected from the Pediatrics service and UCIP of the Specialties Hospital, UMAE No. 14 of the State of Veracruz Ver.

Methodology

Who received attention by professional nursing. We surveyed family members with a maximum hospital stay of 72 hours, of patients from 2 to 15 years of age, of both genders. Because they have had the opportunity to be seen by nurses in the three shifts, prior informed consent and at different times of the evolution of their disease until the improvement, this being the opportune time to measure the perception of humanized nursing care. The perception scale PHCE - Instrument of 50 questions was applied to parents and /or guardians of preschool and school children. With a Cron Bach Alpha of 0.79. The following inclusion criteria were taken into account: Patients who were hospitalized at the time of the surveys, from 2 to 15 years, with more than three days of hospital stay and who voluntarily wish to answer the survey. The exclusion criteria were the following: Relatives of patients who did not agree to be included in this project. The elimination criteria were patients who were discharged before 72 hours and who died. The protocol was approved by the clinical research ethics committee of the hospital. The analysis applied was

descriptive with frequencies and averages, analyzed in the statistical package SPSS v 20. (SPSS, Chicago, IL, USA).

Results

During this study period, 50 surveys were analyzed applied to the tutors of patients hospitalized in the pediatric service, being 12 (24%) of the male gender and 38 (76%) of the female gender. Graph 1. with predominance of the age group from 28 to 36 years with 25 (50%). Table 1 & Graph 2. The highest level of education was that of the entire university in 12 (24%). Table 2 & Graph 3. Married were 34 (68%). Table 3 & Graph 4. The employees were 30 (60%). Table 4 & Graph 5. Stratum three predominated in 24 (48%). 20 (40%) had 12 to Table 5 & Graph 6. 14 days of hospital stay Table 6 & Graph 7. The section of the patient’s feeling, 41 (82%) tutors felt assisted when the nursing staff was directed towards them Table 7 & Graph 8–12. The characteristics of the nurse 43 (86%) dictated that the nurses are kind in the treatment they provide. Table 8 & Graph 13–18. According to the emotional support 43 (86%) commented that the nursing staff generates peace of mind. Table 9 & Graph 19–23. In the ruble of physical support, the nursing staff attends to their basic needs such as food, bathing and elimination in 46 (92%) tutors. Table 10 & Grpah 24–28. 46 (92%) tutors commented that the nurse explains in advance the performance of a procedure. Table 11 & Graph 29–34. 45 (90%) dictated that the nurse gives instructions on the care of patients, in the pro activity section. Table 12 & Graph 35–39. In the case of empathy, the nursing staff listens attentively in 42 (82%). Table 13. 48 (96%) commented that the nursing staff respects their decisions. Table 14. 44 (88%) comments that the staff identifies their needs. Table 15.

Table 1 Distribution of age groups in years

Age groups in years		
n:50	N	%
19 - 27	1	2
28 - 36	25	50
37 - 45	22	44
46 - 54	1	2
55 - 63	1	2
64 - 72	0	0
Total	50	100

Table 2 Degree of school

School grade		
n:50	N	%
Primary	8	16
Incomplete Bacculaureate	10	20
Complete Bacculaureate	11	22
Technical Career	6	12
Incomplete University	3	6
Complete University	12	24
Total	50	100

Table 3 Civil state

Civil Status		
n:50	N	%
Single	8	16
Married	34	68
Separated	6	12
Widower	2	4
Free Union	0	0
TOTAL	50	100

Table 4 Occupation

Occupation		
n:50	n	%
Home	16	32
Employee	30	60
Independent work	4	8
Student	0	0
Others	0	0
Total	50	100

Table 5 Strategy of your housing

Strategy of your housing		
n:50	N	%
1	3	6
2	23	46
3	24	48
4	0	0
5	0	0
6	0	0
TOTAL	50	100

Table 6 Days of hospitalization

Days of hospitalization		
n:50	N	%
from 12 to 14	20	40
from 15 to 17	9	18
from 18 to 20	5	10
from 21 to 23	1	2
from 24 to 26	1	2
from 27 to 29	0	0
from 30 to 32	7	14
more than 32	7	14
TOTAL	50	100

Table 7 Patient sentiment

Patient's feeling										
	Does the nurse make it feel like an individual being?		When do the nurses explain something, do you feel informed?		When is the nurse addressing you, do you feel attended?		When does the nurse attend you feel satisfied?		Do you feel grateful when the nurse attends you?	
n:50	n, %									
Never	3	6	1	2	0	0	0	0	0	0
Some Times	21	42	7	14	5	10	6	12	11	22
Almost Always	12	24	4	8	4	8	4	8	0	0
Always	14	28	38	76	41	82	40	80	39	78

Table 8 Nursing characteristics

Nursing characteristics												
	Does the nurse (or) make empathy with you?		The nurses (no) are amazing in the treatment that they provide?		Are the nurses (or) efficient in the performance of their tasks?		Are the nurses (not) clear when communicating with you?		Do the nurses (or) give you positive stimulus?		The care that the nurse (or) gives is committed and solidarity?	
n:50	n, %											
Never	0	0	0	0	0	0	0	0	0	0	2	4
Some Times	8	16	6	12	7	14	0	0	1	2	3	6
Almost Always	0	0	1	2	5	10	28	56	16	32	5	10
Always	42	84	43	86	38	76	22	44	33	66	40	80

Table 9 Emotional support

Emotional support										
	Does the nurse (or) inspire you trust?		Does the nurse (or) give you accompaniment during the procedure during the medical procedures?		Do the nurses (or) generate tranquility?		Is the nurse's care (or) loving and dedicated?		Is the attention provided by the nurse (or) based on emotional support?	
n:50	n, %									
Never	0	0	1	2	2	4	1	2	0	0
Some Times	6	12	8	16	1	2	8	16	5	10
Almost Always	8	16	4	8	4	8	3	6	4	8
Always	36	72	37	74	43	86	38	76	41	82

Table 10 Physical support

Physical Support										
	Does the nurse (Or) make you feel physically well?		Do the nurse (Or) look at you when you speak?		Does the nurse (Or) help you diminish physical pain?		Does the nurse (No) attend your basic needs like food, bath and disposal?		Does the nurse (Or) strive to provide physical comfort?	
n:50	n, %									
Never	4	8	4	8	0	0	2	4	2	4
Some Times	5	10	2	4	2	4	0	0	1	2
Almost Always	20	40	0	0	5	10	2	4	14	28
Always	21	42	44	88	43	86	46	92	33	66

Table 11 Qualities of doing from the nurse

Qualities of doing from the nurse												
n:50	Does the nurse demonstrate knowledge and professional skills?		Does the nurse (or) lead her work team?		Do the nurse (or) work as a team?		Does the nurse (or) facilitate the dialogue?		Does the nurse (o) explain to you above the performance of a procedure?		Do the nurse's actions seek excellence in caring?	
	n, %		n, %		n, %		n, %		n, %		n, %	
Never	1	2	1	2	0	0	0	0	0	0	0	0
Some times	0	0	2	4	4	8	2	4	4	8	5	10
Almost Always	6	12	17	34	18	36	5	10	0	0	6	12
Always	43	86	30	60	28	56	43	86	46	92	39	78

Table 12 Proactivity

Proactivity										
n:50	Does the nurse (or) identify before carrying out care?		Does the nurse (o) respond to your questions doubts and concerns?		Do the nurse (or) give instructions on your care?		Does the information provided by the nurse (or) contribute to the decision making?		Does the nurse (or) encourage you to call if you have problems?	
	n, %		n, %		n, %		n, %		n, %	
Never	0	0	1	2	0	0	1	2	2	4
Sometimes	0	0	3	6	4	8	4	8	5	10
Almost Always	8	16	6	12	1	2	6	12	7	14
Always	42	84	40	80	45	90	39	78	36	72

Table 13 Empathy

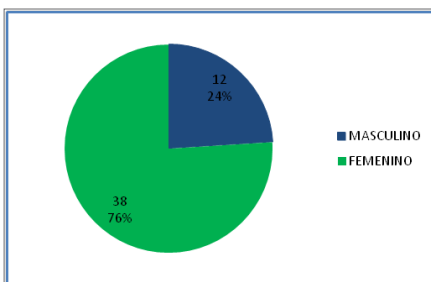
Empathy												
n:50	Does the nurse (or) keep a close relationship with you?		The nurse (or) allows you to express your feelings about the disease and its treatment?		Will the nurse (or) establish a pleasant relationship with you?		Does the nurse (o) listen to you carefully?		Is the nurse (or) placed in its place to understand it?		Does the nurse (or) have easy to approach you?	
	n, %		n, %		n, %		n, %		n, %		n, %	
Never	1	2	1	2	2	4	1	2	1	2	1	2
Some Times	4	8	5	10	2	4	1	2	4	8	2	4
Almost Always	9	18	4	8	5	10	6	12	10	20	8	16
Always	36	72	40	80	41	82	42	84	35	70	39	78

Table 14 Prioritizing or be careful

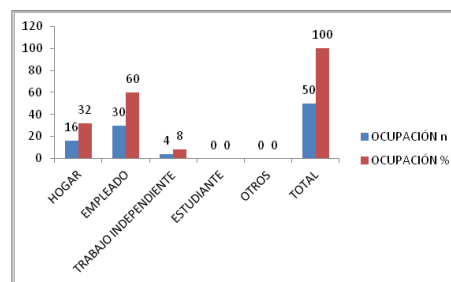
Prioritizing to be careful												
n:50	The nurse (or) shows respectfully?		The nurse (or) puts it first?		Does the nurse (or) call her by her name?		Does the nurse (o) respect your decisions?		The nurse (or) respect her intimacy?		The nurse (or) before any eventuality first the person?	
	n, %		n, %		n, %		n, %		n, %		n, %	
Never	0	0	1	2	0	0	1	2	0	0	2	4
Some Times	5	10	1	2	5	10	1	2	2	4	5	10
Almost Always	2	4	19	38	0	0	0	0	1	2	2	4
Always	43	86	29	58	45	90	48	96	47	94	41	82

Table 15 Availability for the attention

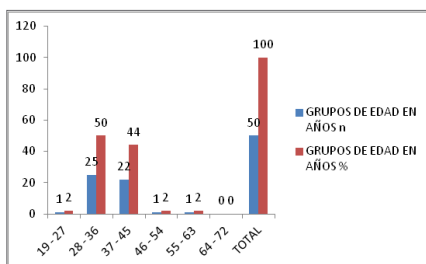
Availability for attention												
n:50	Is the nurse (or) following you constantly?		Is the nurse (or) dedicating time?		Does the nurse (or) administer you the Ordinated Treatment on time?		Does the nurse (o) respond quickly to the call?		Does the nurse (o) identify your needs?		Is the nurse (or) important to your state of mind?	
	n, %		n, %		n, %		n, %		n, %		n, %	
Never	0	0	0	0	1	2	1	2	2	4	2	4
Sometimes	3	6	5	10	0	0	2	4	1	2	0	0
Almost Always	5	10	6	12	10	20	7	14	3	6	9	18
Always	42	84	39	78	39	78	40	80	44	88	39	78



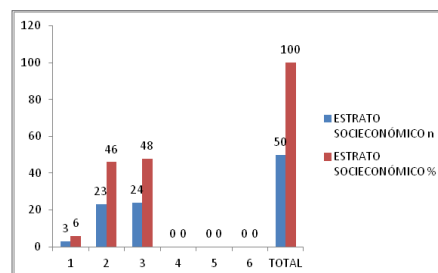
Graph 1 Distribution by Gender.



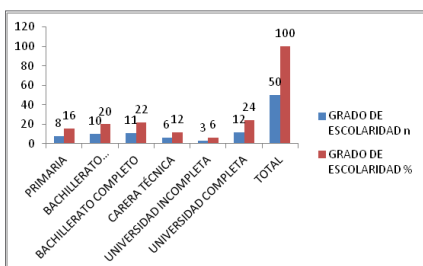
Graph 5 Occupation.



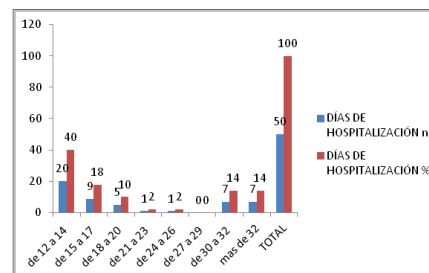
Graph 2 Distribution of age groups in years.



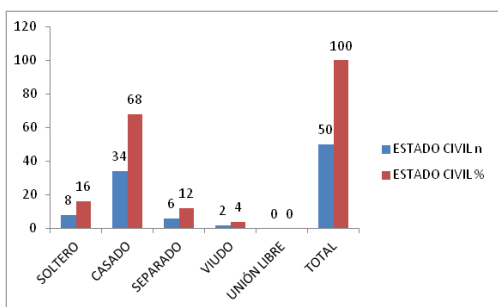
Graph 6 Strategy of your housing.



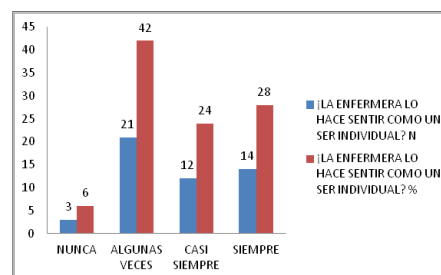
Graph 3 Degree of school.



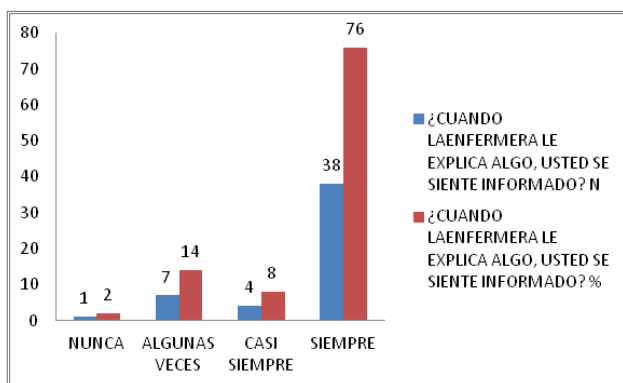
Graph 7 Days of hospitalization.



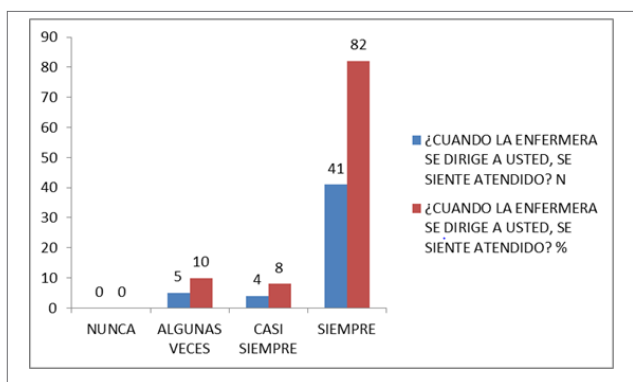
Graph 4 Civil state.



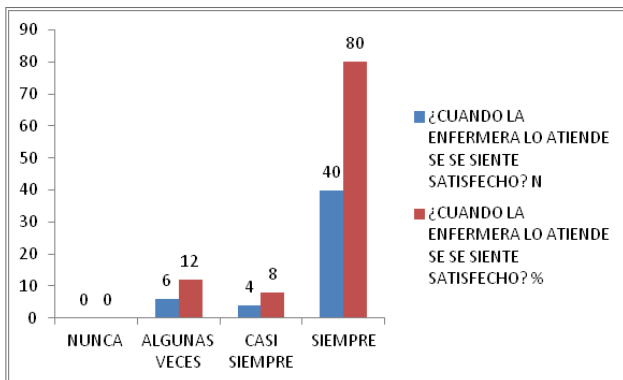
Graph 8 Patient sentiment.



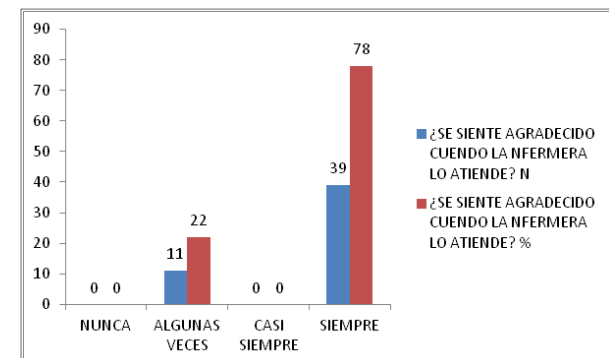
Graph 9 Patient sentiment.



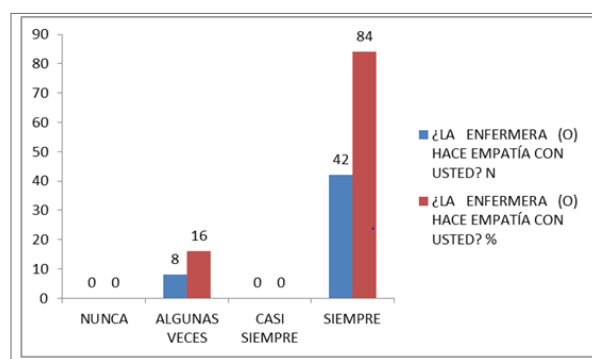
Graph 10 Patient sentiment.



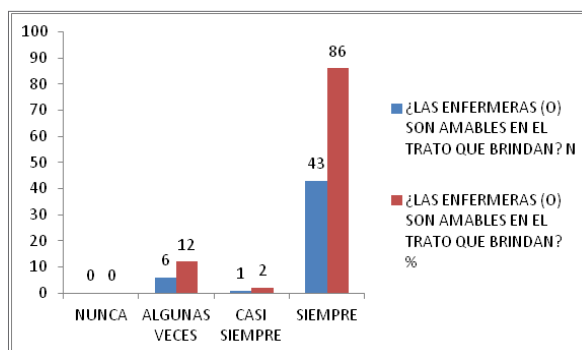
Graph 11 Patient sentiment.



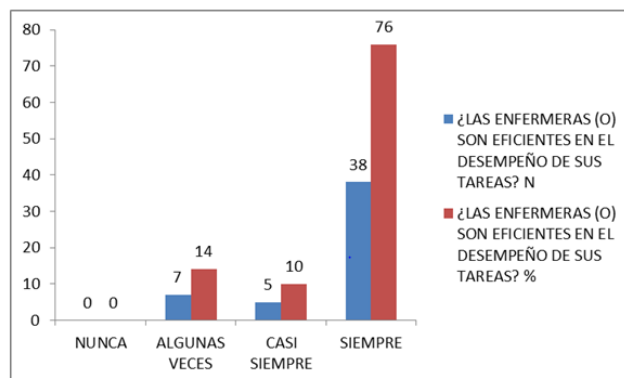
Graph 12 Patient sentiment.



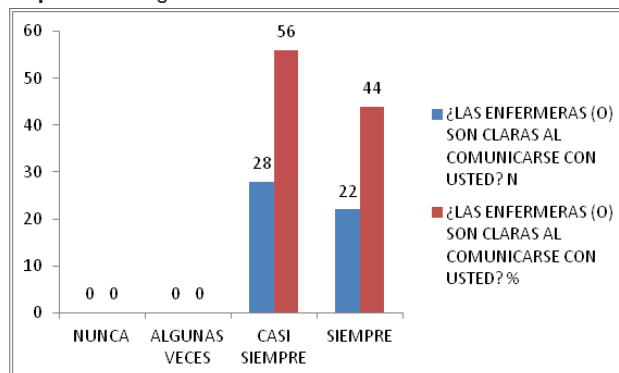
Graph 13 Nursing characteristics.



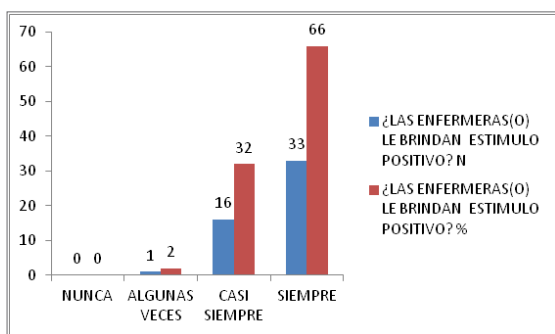
Graph 14 Nursing characteristics.



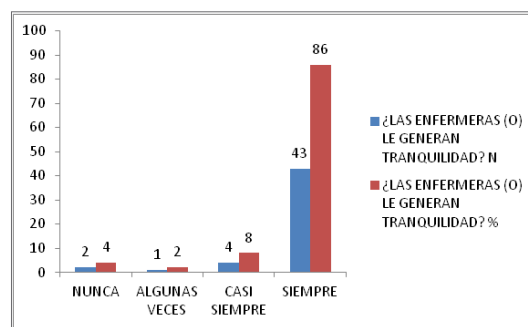
Graph 15 Nursing characteristics.



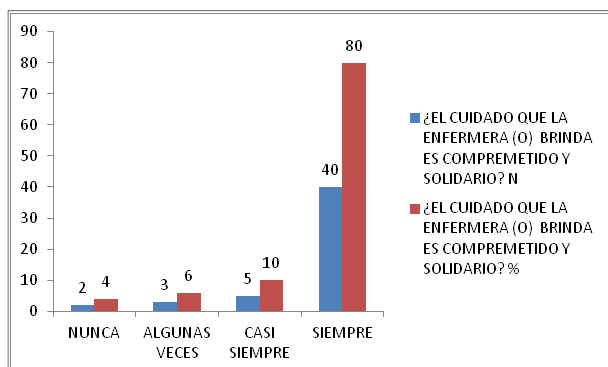
Graph 16 Nursing characteristics.



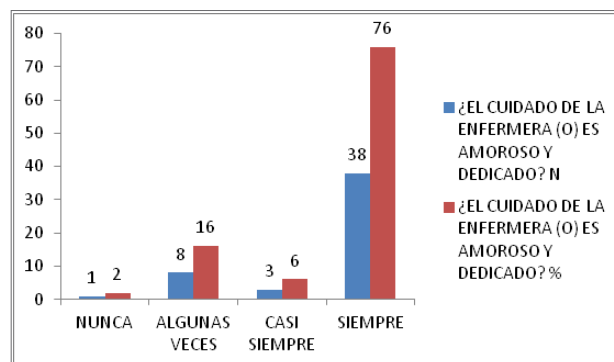
Graph 17 Nursing characteristics.



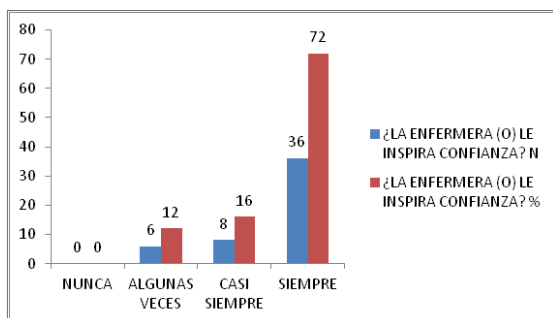
Graph 21 Emotional support.



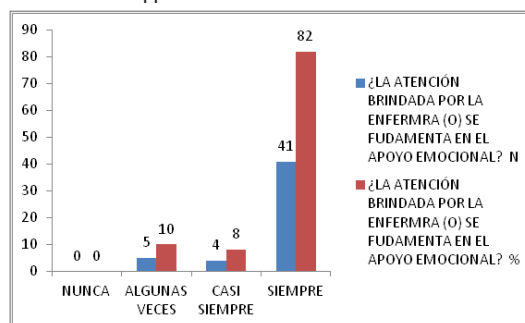
Graph 18 Nursing characteristics.



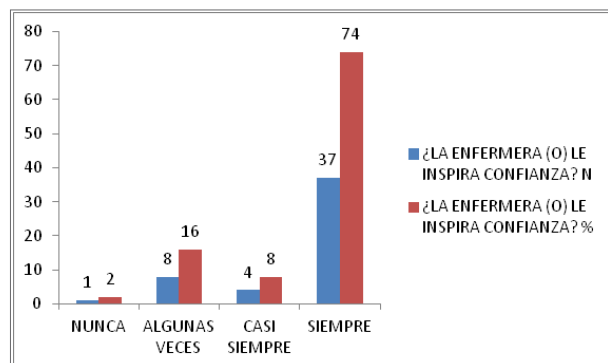
Graph 22 Emotional support.



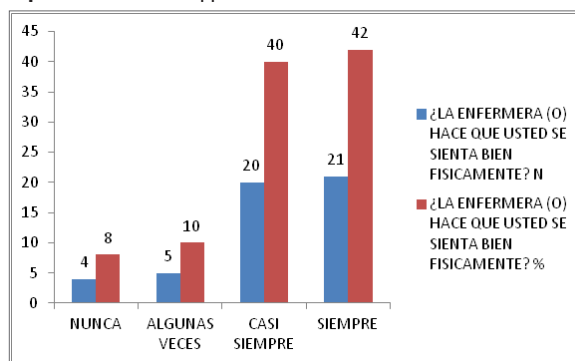
Graph 19 Emotional support.



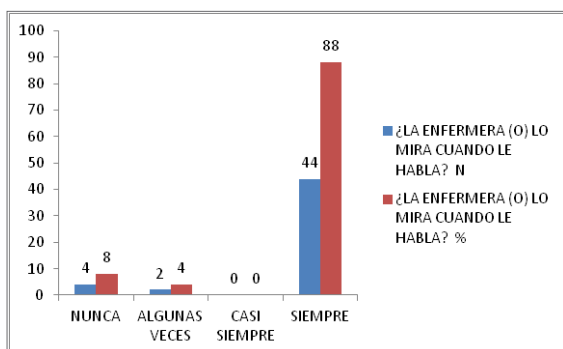
Graph 23 Emotional support.



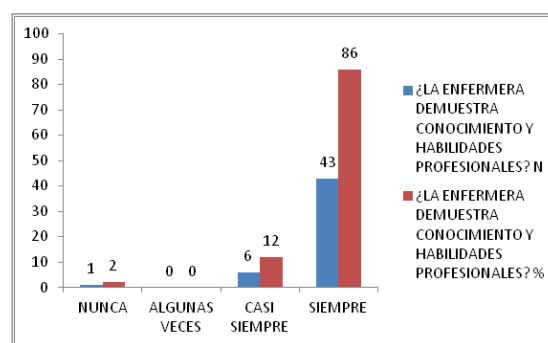
Graph 20 Emotional support.



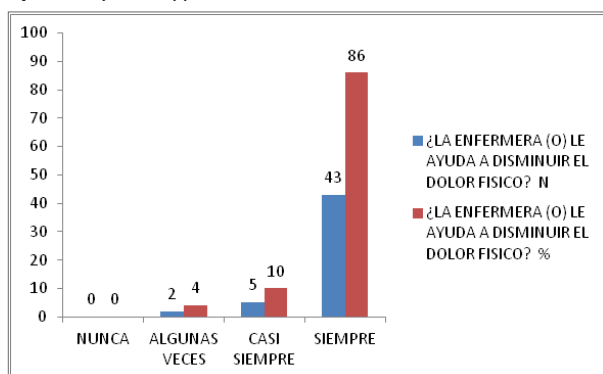
Graph 24 Physical support.



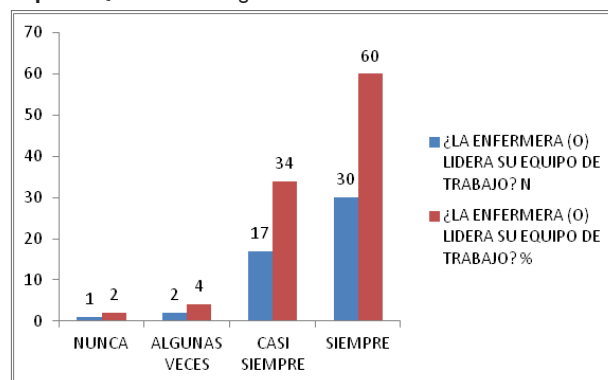
Graph 25 Physical support.



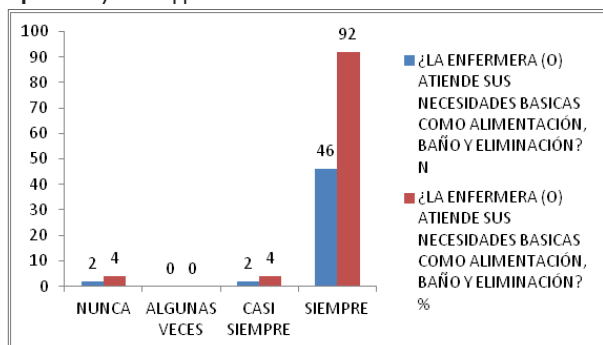
Graph 29 Qualities of doing from the nurse.



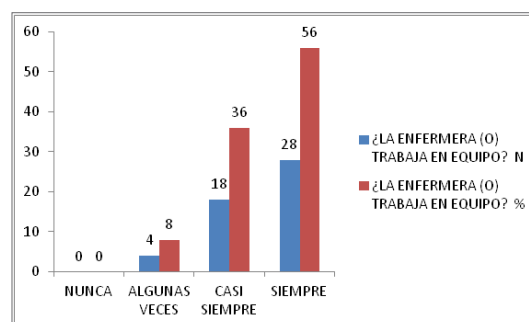
Graph 26 Physical support.



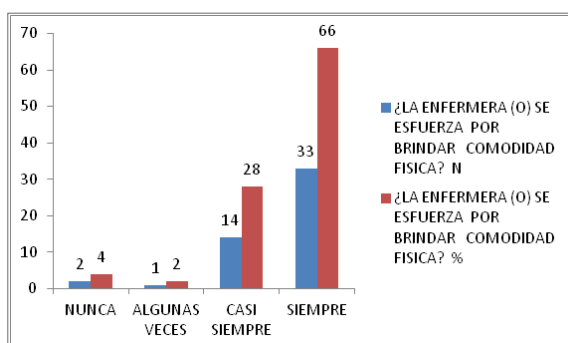
Graph 30 Qualities of doing from the nurse.



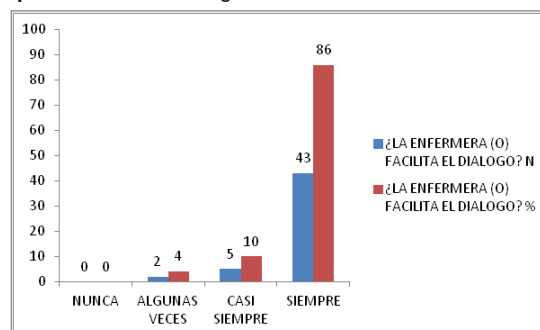
Graph 27 Physical support



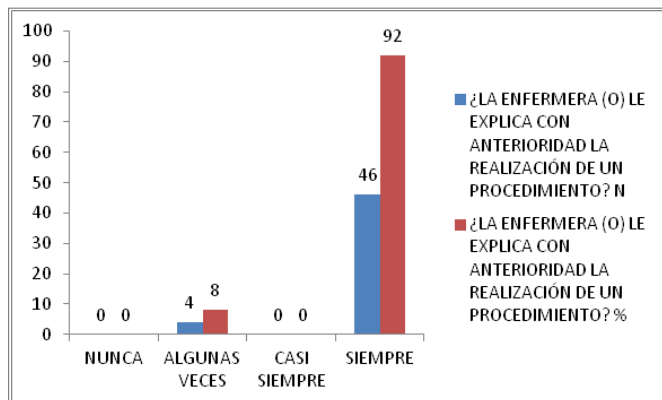
Graph 31 Qualities of doing from the nurse.



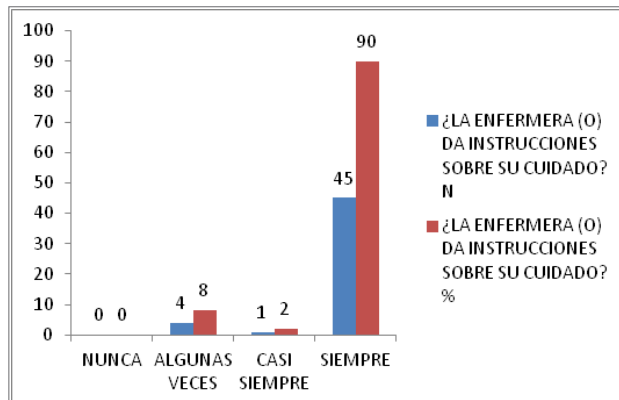
Graph 28 Physical support.



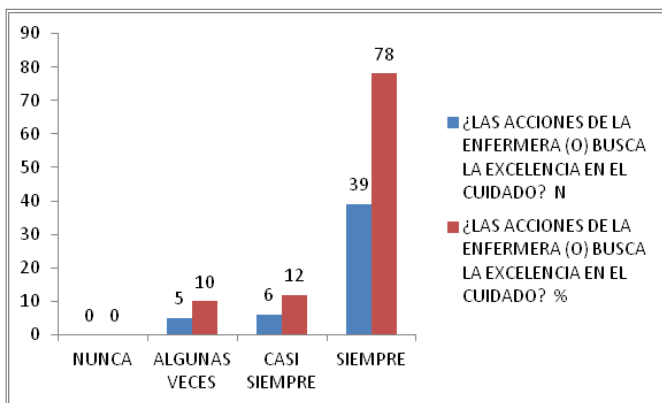
Graph 32 Qualities of doing from the nurse.



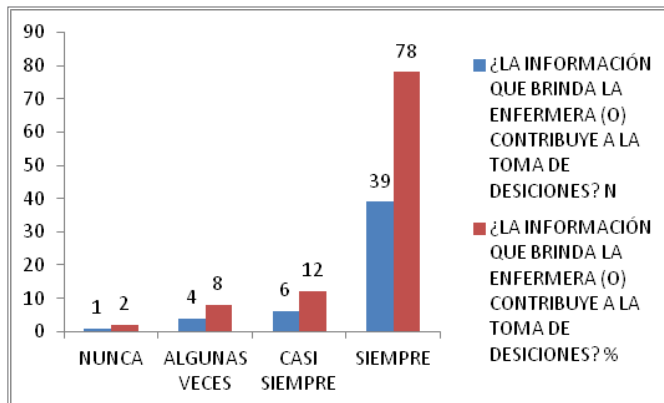
Graph 33 Qualities of doing from the nurse.



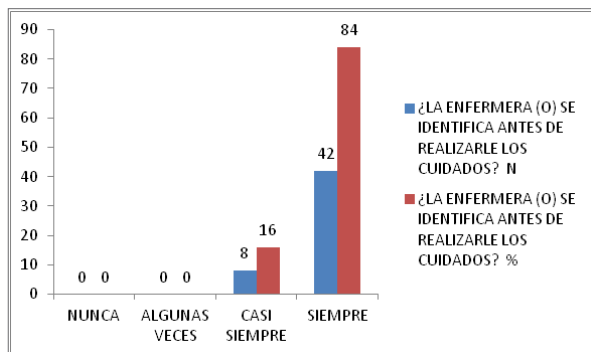
Graph 37 Proactivity



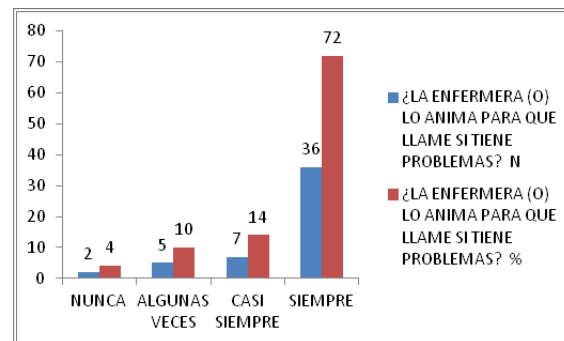
Graph 34 Qualities of doing from the nurse.



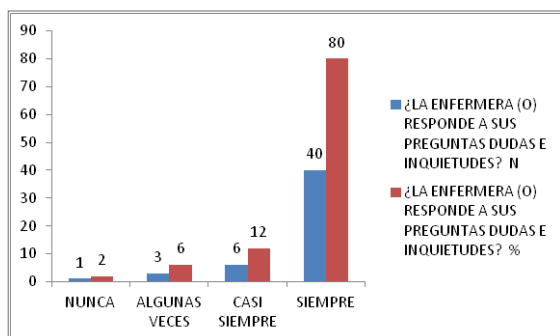
Graph 38 Proactivity



Graph 35 Proactivity



Graph 39 Proactivity



Graph 36 Proactivity

Discussion

The present study shows the perception of humanized care of hospitalized patients in the Gustavo Lanatta Luján Hospital of EsSalud Huacho, during October 2010. In the following descriptive cross-sectional investigation a survey was carried out on 65 patients of both major sexes of 18 years, with a time greater than 24 hours of hospitalization in the services of medicine, obstetrics and surgery. The results show that 44% of support is sometimes perceived in the care, 47.7% emotional support, 35.4% physical support, 32.2% nursing qualities, 30.8% of proactivity, 52.3% empathy and 55.4% availability in care. 36.9% never perceived a prioritization in their care. It is concluded, then, that there is a low perception of care humanized by the nursing professional towards the patients, which evidences an attention low quality

Studies similar to our research were found, such as that of Romero Massa Elizabeth, realized in Colombia in 2012; the average age was 51.4 years, and female sex was predominant with 54.5%. The average hospitalization time was 11.5 days. As for the state of health, the most prevalent was the stable (72%), the overall perception of humanized care was 55.4% always, 35% almost always, 7.9% sometimes and never 1.7%. By categories, the best evaluated were: prioritize the care being with 58.8%, give emotional support with 57.5% and availability for care with 56.2%.

The study carried out by the Rafael Nuñez university of the Faculty of Health Sciences for the nursing program VIII semester in Cartagena Colombia Ana Cristina Revollo in 2013, the majority of the patients surveyed belonged to the female gender, the average age of the respondents were 64.1 years old, a minimum age of 19 years and a maximum age of 93 years, married, household occupation, the highest percentage of patients knew how to read and write, with an incomplete primary school education, the housing in which they currently resided was stratum 1 and with an average of 10.17 days of hospital stay, identifying that 70% of the people hospitalized in the Clinic always perceived humanized care behaviors in the nursing staff that works in the institution, 15% almost always, an 11 % sometimes and 4% answered that they never perceived behaviors of humanized care in the nurse.

These results present differences despite the fact that the predominant female gender is 76%, in the degree of schooling they have university 24%, marital status the vast majority married 68%, in occupation 60% are employed unlike with Revollo are dedicated at home the stratum found is grade 3 in 48% while that of Revollo the great majority resided was stratum 1 In hospital stay there are three days difference in our study (13)

Conclusion

Therefore the objective of the nursing staff is to help individuals, families to prevent and confront the experience of illness, suffering and help them to give meaning to their experiences by establishing a person-to-person relationship which is why The nurse is the person who establishes a closer relationship with the patient, which implies that the care they provide is of human quality since a transpersonal relationship is established between them. Studies of humanized care show that nurses feel gratified in providing it and, this is why, the perception of care has holistic and human characteristics in nurses, evidence confirmed by the results of this study.

Recommendations

- i. Educate the nursing staff in question that we are public servants and that the treatment must be granted with quality and warmth
- ii. The nursing staff should not lose sight of the fact that we are dealing with people who express their human responses
- iii. The nurse who treats the pediatric patient must be spontaneous, cordial attentive and natural so that the infant does not distress the hospital environment and respond with confidence to the nurse
- iv. Recommend that staff adhere to Nom 019 of nursing professionalization to provide safe care within the institution.
- v. Work on the questionnaire to ask fewer questions avoiding distraction and fatigue.

- vi. Taking into account that in the Mexican Social Security Institute (IMSS) the dignified treatment indicator is applied, it would be convenient to analyze the perception of humanized treatment with satisfaction in the pediatric patient.
- vii. Continue with the campaign that the IMSS implemented “SER IMSS”, Greet, Listen and Respond.

Acknowledgments

None.

Conflict of interest

The author declares that there is no conflict of interest.

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