



Original article

Cuidado humanizado del profesional de enfermería en la atención del paciente oncológico hospitalizado

Humanized care of the nursing professional in the care of hospitalized cancer patients

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Resumen

Introducción: El cuidado a pacientes oncológicos consiste, más allá de satisfacer necesidades físicas, en una atención holística, pues el cuidado humanizado favorece una interrelación esencial entre ciencia y valores para establecer una asistencia de calidad, que dé solución a las demandas humanas del usuario.

Objetivo: Identificar el nivel de cuidado humanizado que proporciona el profesional enfermero a pacientes hospitalizados en un centro de oncología.

Material y métodos: Estudio descriptivo, observacional-transversal. Muestreo no probabilístico de oportunidad y secuencial con cuota de 35 pacientes. Medición realizada con el instrumento “Percepción del cuidado humanizado en pacientes hospitalizados”. Análisis de resultados mediante estadística descriptiva.

Resultados: El cuidado proporcionado a pacientes oncológicos hospitalizados es humanizado, pues afirman recibir trato amable con efecto positivo en ellos derivado de la actitud de la enfermera en su labor, en la que impera el conocimiento y la experiencia para proveer cuidados individualizados y empáticos a partir de comunicación, expresión de sentimientos y escucha, atendiendo no sólo necesidades físicas, sino también sociales, culturales y espirituales.

Discusión: Los pacientes oncológicos mencionan que el profesional de enfermería actúa comprendiendo al usuario integralmente, lo que les permite enfrentar positivamente su proceso de enfermedad.

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Conclusiones: El cuidado humanizado de calidad es una relación entre el profesional de enfermería y el paciente a cuidar, en la que impera la comunicación, el debido uso de la palabra y la escucha para generar confianza, lo cual se suma a la base científica y las habilidades técnicas, a fin de intervenir de forma humana, eficiente y segura.

Palabras clave: atención de enfermería, humanismo, paciente, oncología.

Abstract

Introduction: Caring for cancer patients is an interaction that goes beyond satisfying physical needs, it is caring for the person in a holistic way, where the humanization of care favors the essential link of the profession, it is an interaction between science and values to establish quality care. quality, giving solutions to the human responses of the patient.

Objective: To identify the level of humanized care provided by the nursing professional to patients hospitalized in an oncology center.

Material and methods: Descriptive, observational cross-sectional study. Non-probabilistic opportunity and sequential sampling with a quota of 35 patients. Measurements carried out with the: *"Instrument Perception of Humanized Care in Hospitalized Patients"*. Analysis of results through descriptive statistics

Results: The level of care provided to hospitalized cancer patients is very humanized, patients report receiving friendly treatment with a positive effect on them, derived from the attitude of the nurse in her being and doing care, they perceive a relationship of trust where knowledge and Experience in favor of your health since the nursing professional provides individualized and empathetic care, favoring communication, expression of feelings and emotions; listening to them beyond their illness satisfying their physical, social, cultural and spiritual needs.

Discussion: People with oncological disease perceive receiving humanized care when mentioning that the nursing professional acts understanding the patient by knowing, knowing how to do, and knowing how to be, which allows them to positively face their disease process.

Conclusions: The level of quality humanized care is a relationship that occurs between the nursing professional and the person they care for, in this human quality of care, communication prevails, the power that the word and hearing have in the field of attention, transcendental to generate confidence; coupled with the scientific foundation, empathetic attitude, technical and professional skills given by experience, allowing intervention in a humane, effective, efficient and safe way.

Keywords: nursing care, humanism, patient, oncology

Introducción

Nursing emerged as a profession “*in the mid-nineteenth century by Florence Nightingale*”,¹ who prioritized the satisfaction of biological needs. This care, which over time was perfected, “*began to find theoretical justifications from that moment, which has allowed nurses to improve their daily practice through observation, description, explanation, prediction and control of phenomena*”.¹ Care was based on the observation of the environment, which is why the needs and competencies that the nurse should possess were identified to initiate human care in an organized manner. In this sense, “*nursing care is conceived as an eminently human act, characterized by respect, trust, and intimacy, which is given based on a value judgment to identify needs and decide on a plan of action together with the patient and the family, in which knowledge, technique, and attitude are at play*”.²

Care is linked to “*healing, ethics and the scale of values of care and health; they comprise the professional context, the nurse’s mission and his or her raison d’être for society*”,³ since it is the backbone of nursing, whose purpose is to provide solutions to “*the human responses of the person in conditions of health or illness*”.⁴ Of course, this is the case of the oncology patient, for whom nursing interventions in terms of assistance, listening, education or counseling are indispensable, “*which are of utmost importance in providing quality care with a high critical and reflective sense to these patients, since they need a prolonged care system, with changing requirements at each stage of the disease, demanding specialized knowledge and attributes from the nursing team*”.⁵ Nursing is, therefore, a highly relevant profession in meeting the physical, emotional and spiritual needs of those in its care, even

though these functions are often invisible. The expectations of nursing must aim at holistic care to assume the transcendence that their professional practice requires, as Christian Bobin points out: “*The needs of patients are rarely met by medical technology. The patient expects a gaze that rests on him. He expects the imponderable, the invisible, he longs for a human link, a link that suddenly widens the sky and frees him. He longs for an honest gesture, the truth of a word that will take him beyond, to a place where he can breathe, where he can live. Perhaps, the sick person longs for the arrival of a presence. And if it is sincere, he will feel accompanied. The sick person needs to be taken to another space, to a place that transports him out of the hospital bed, even if he continues to stay in it. Silence between two people is a promise of blossoming, as healing as medicine can be*”.⁶ These are actions that are often provided by the nurse practitioner.

It is “*in the second half of the 20th century that nursing revolutionized with the search for theoretical explanatory frameworks of the phenomena related to the field of knowledge and the different practices*”.⁷ In this context, professional nursing care arises, which demands different aptitudes and skills, “*it requires knowledge, attitudes, and skills that are only acquired with the deep and systematic study of society, man, health and the nursing discipline itself. For care to be provided with professionalism, nurses must: integrally understand man, have well-defined actions and goals based on scientific principles, use a work methodology, and have the ability to respond to an ethical and legal obligation that they have contracted*”.³

This specialized care encompasses the patient in his or her different aspects, since “*the World Health Organization (WHO) defines health as a state of complete physical, mental, spiritual, emotional*

and social well-being, not merely the absence of disease or infirmity".⁸ Humanization, in this sense, consists of understanding the human being as an integral being, including his or her different biological, spiritual, social, and emotional aspects; now, "the humanization of care is the interaction between the knowledge of science and the values of the human being to establish quality care centered on the individual, through a bond"⁹ of care, which is not always visible.

Huércanos Esparza, quoted by Fernández Rubio *et al.*, defines: "invisible care is a set of interventions resulting from attentive observation, empathy, knowledge and experience, which lead nurses to the development of deliberate professional and ethical judgments, highly focused on the needs of each patient".⁶ That is, care that transcends therapeutic action: "They are imponderable and intangible and are understood as a new dimension of the tasks of care as they are based on humanization and dignity".⁶

According to Watson, quoted by Vázquez Arreola *et al.*, humanized care refers to "the human, spiritual and transpersonal aspect, it is a unique approach to nursing, a special kind of human care, which depends on the moral commitment of the nurse to protect and enhance human dignity, which allows nurses to provide quality care in patient care, practice, administration, education, and research".¹⁰ To perform warm and safe interventions, "quality humanized care is based on scientific knowledge, technical capacity and therapeutic relationship that the nurse establishes with the patient",¹¹ professional relationship and experience that derives from perfecting the work in patient care, guaranteeing humane professional care that responds to the needs and demands of the user.

In the oncology patient, "the humanized treatment is relevant because in the daily work, we deal with people who have feelings, doubts, and fears regarding the health care act and the health-disease continuum, therefore, it is essential to incorporate guidelines that measure the quality of care from a humanized perspective. The quality of nursing care is the result of doing the right thing at the right time by listening to their concerns, alleviating discomfort, and strengthening trust through communication".¹²

Therefore, if a humanized practice is carried out, the care will be of quality and the user's perception will be positive. This interlocking is strengthened when "the quality of nursing care is timely, personalized, humanized, continuous and efficient, provided by the nursing professional in a responsible manner, to achieve patient and professional satisfaction".¹³ Thus, it is an interaction that benefits both the user and the professional who provides the care.

This bidirectional commitment is governed by the code of ethics that supports Mexican nurses and guides practice within their scope of competence since it states: "The nurse, through care, sets in motion everything that moves the energy of the human being, his or her potential, his or her desire to live. Care is an attitude that transcends the dimensions of human reality. It has a meaning of authentic humanism, because it involves sensitivity that is incomparably greater than technical efficiency because the former is related to the order of the ends and the latter to that of the means".⁷

Oncology patients require humanized care because, from the moment of diagnosis, they face the disease and the challenges of survival,

which increases the psychological signs combined with the symptoms of cancer and its treatment. At this point, the nursing staff has been shown to improve the patient's quality of life through holistic interventions, comprehensively performing their care. The nurse is directly involved in every moment, from the patient's admission to the stages of the disease that involve acceptance or denial, the treatment process, relapses, and complications, until the patient is cured or dies. Therefore, it is important to identify the level of humanized care provided by nurses to patients hospitalized in an oncology center, to propose strategic guidelines for this work, and implement actions to strengthen the care provided.

Material and methods

Quantitative methodology study with descriptive and observational-transversal design. The study universe was patients hospitalized and treated in a third-level oncology center in the State of Mexico. A non-probabilistic opportunity and sequential sampling were performed, with a quota of 35 patients. The inclusion criteria were: patients in the hospitalization service of an oncology center hospitalized during the application of the instrument, who were between ECOG scale 0 (completely active and without restrictions) and ECOG 2 (can take care of oneself but cannot perform other activities; stays awake more than 50% of the time).¹⁴ The exclusion criteria were: patients outside the hospitalization service or admitted outside the period of application of the instrument, who had an ECOG different from that established, and who did not wish to participate in the study.

For data collection, a questionnaire was applied to users admitted to the hospitalization service of the oncology center. The instrument applied was designed according to the instrument "*Perception of humanized care in hospitalized patients*", developed in 2016 by Hermosilla Ávila *et al.*,¹⁵ from the Universidad del Bío-Bío de Chile; in addition, it was validated in a first sample of 35 users with Cronbach alpha score of 0.835, that is, of "*acceptable reliability and good internal consistency*". According to Watson's transpersonal theory of human care, the applied instrument consists of 36 items, classified into 10 dimensions.¹⁵ Each dimension has 3 to 6 indicators and, since humanized care is a qualitative attitudinal variable, they were measured through the Likert scale, characterized by an ordinal measurement with the following scales and values: never=1, sometimes=2, regularly=3, almost always=4 and always=5. The results were represented by frequencies and percentages and were analyzed using descriptive statistics for the demographic variables and the dimensions studied.

It is worth mentioning that the General Health Law, title two, article 13, "*referring to the ethical aspects of research on human beings, mentions that in all research in which the human being is the subject of study, the criteria of respect for his dignity and the protection of his rights and well-being must prevail*".¹⁶ The research belongs to the category of studies without risks or ethical implications, since documentary research methods and techniques were carried out without direct intervention on the patient. Only a questionnaire was applied to users who agreed to participate, after applying the informed consent following "*article 14,*

section V, which states that it will have the written informed consent of the research subject or his/her legal representative",¹⁶ in which it is mentioned to the participants that the data collected will only be used for statistical purposes, maintaining confidentiality and anonymity at all times.

The research was submitted to the research and ethics committees of the third-level care center where it was carried out and approved under COE/CEI/PT/16/2019 and COE/029/2019.

Results

Information was collected from 35 patients

hospitalized in the oncology center, of whom 66% were female, 34% male, and 48% were of productive age; the most reported schooling was a bachelor's degree with 40%, the hospital stay from 1 to 10 days was 74% and from 11 to 20 days was 17% (Table 1). In the analysis of each dimension of the 36 indicators of the instrument "*Perception of humanized care in hospitalized patients*", the results shown in Table 2 were obtained. The data obtained according to each dimension are presented below:

In dimension 1, the formation of a

Table 1. Demographic characteristics of patients hospitalized in an oncology center in the State of Mexico.

	Frequency (%)
Gender	
Female	23 (66)
Male	12 (34)
Age	
20-40 years	10 (29)
41-60 years	17 (48)
61-80 years	8 (23)
Schooling	
Illiterate	1 (3)
Primary	6 (17)
Secondary	5 (14)
High School	4 (11)
Technical career	4 (11)
Bachelor's Degree	14 (40)
Postgraduate	1 (3)
Days of hospital stay	
From 1 to 10 days	26 (74)
From 11 to 20 days	6 (17)
From 21 to 30 days	2 (6)
More than 30 days	1 (3)

Source: Humanized care perception questionnaire applied to users.

Tabla 2. Assessment of the perception of humanized care.

Dimension	Indicators	Never f (%)	Sometimes f (%)	Regularly f (%)	Almost always f (%)	Always f (%)	TOTAL
Dimension 1: formation of a system of humanistic and altruistic values	1. You are treated kindly by the nurse	1 (3)	1 (3)	1(3)	3 (9)	29 (83)	35
	2. You feel that the nurse's attitude has a positive effect on you	1 (3)	2 (6)	1 (3)	1 (3)	30 (86)	35
	3. You feel that the caring nurse gives you something of her/himself	1 (3)	2 (6)	1 (3)	5 (14)	26 (74)	35
	4. You feel that the caring nurse gives you something of her/himself that distinguishes her/him from others	1 (3)	1 (3)	2 (6)	4 (11)	27 (77)	35
Dimension 2: installation of faith and hope	5. The nurse has considered your religious or spiritual preferences in the care provided	15 (43)	1 (3)	3 (9)	4 (11)	12 (34)	35
	6. You feel that the nurse's actions help to strengthen your faith	7 (20)	3 (9)	1 (3)	4 (11)	20 (57)	35
	7. You feel that the caring nurse conveys hope (ways to feel better)	1 (3)	4 (11)	1 (3)	2 (6)	27 (77)	35
Dimension 3: cultivating sensitivity to oneself and others	8. You feel that you have a close relationship with the nurse	4 (11)	1 (3)	1 (3)	4 (11)	25 (71)	35
	9. You feel that the nurse is touched by your health situation	4 (11)	3 (9)	2 (6)	7 (20)	19 (54)	35
	10. The nurse knows how you feel and consults with you about it	2 (6)	2 (6)	1 (3)	4 (11)	26 (74)	35
	11. You feel that the communication with the nurse is genuine	2 (6)	2 (6)	4 (11)	1 (3)	26 (74)	35
	12. You can identify how the nurse feels and say so with confidence	7 (20)	3 (9)	1 (3)	5 (14)	19 (54)	35
	13. The nurse can know how you are feeling	1 (3)	3 (9)	2 (6)	8 (23)	21 (60)	35
Dimension 4: developing a human care relationship of support and trust	14. You can express your feelings to the nurse	4 (11)	2 (6)	2 (6)	4 (11)	23 (65)	35
	15. You feel a mutual trust between you and the nurse	1 (3)	4 (11)	2 (6)	3 (9)	25 (71)	35
	16. The nurse puts herself in your place when you express your feelings	3 (9)	4 (11)	3 (9)	6 (17)	19 (54)	35
Dimension 5: Promoting and accepting the expression of positive and negative feelings	17. The nurse encourages or allows you to express your feelings	4 (11)	2 (6)	1 (3)	4 (11)	24 (69)	35
	18. The nurse gives you time to express your emotions	1 (3)	3 (9)	4 (11)	4 (11)	23 (66)	35
	19. You feel that the nurse listens to you beyond what is going on with your illness	5 (14)	1 (3)	1 (3)	6 (17)	22 (63)	35
	20. You feel that the nurse accepts what is going on with you	4 (11)	4 (11)	1 (3)	4 (11)	22 (63)	35

Dimension 6: Systematic use of the scientific method for problem solving and decision making	21. You feel that the care provided by the nurse is organized and knowledge-based	1 (3)	2 (6)	1 (3)	1 (3)	30 (86)	35
	22. You feel that the procedures performed are appropriate to your way of being	1 (3)	1 (3)	1 (3)	4 (11)	28 (80)	35
	23. You feel that the care provided to you is different from that given to others	10 (29)	3 (9)	3 (9)	5 (14)	14 (40)	35
Dimension 7: promoting transpersonal teaching and learning	24. You have been informed or educated about the care you are given	1 (3)	1 (3)	1 (3)	4 (11)	28 (80)	35
	25. You are consulted for your opinion on the procedures performed on you	3 (9)	1 (3)	1 (3)	3 (9)	27 (77)	35
	26. You know the reason for the procedures provided to you	1 (3)	3 (9)	1 (3)	1 (3)	29 (83)	35
	27. You recognize what your participation is and how important you are in the care given to you	1 (3)	1 (3)	1 (3)	3 (9)	29 (83)	35
Dimension 8: creating a supportive environment or mental, physical, socio-cultural, and spiritual connection	28. You feel that you and your environment (family) have been included in your healthcare	1 (3)	1 (3)	1 (3)	6 (17)	26 (74)	35
	29. You feel that you have been treated with dignity and that your integrity is protected	1 (3)	1 (3)	1 (3)	2 (6)	30 (86)	35
	30. You feel that you are supported concerning your personality and body	1 (3)	1 (3)	1 (3)	5 (14)	27 (77)	35
Dimension 9: Helping to meet human needs	31. You feel that the nurse works to meet your physical needs	0 (0)	1 (3)	0 (0)	1 (3)	33 (94)	35
	32. You feel that the nurse is concerned about your social needs	8 (23)	1 (3)	4 (11)	3 (9)	19 (54)	35
	33. You feel that the nurse incorporates your spiritual needs into your care	9 (26)	1 (3)	3 (9)	5 (14)	17 (49)	35
Dimension 10: acceptance of existential-phenomenological forces	34. The nurse helps you understand why you are in that condition, place, or state	4 (11)	1 (3)	0 (0)	3 (9)	27 (77)	35
	35. You gain insight into the meaning of your life through communication with the nurse	4 (11)	3 (9)	2 (6)	6 (17)	20 (57)	35
	36. The nurse helps you to better understand yourself and others	5 (14)	1 (3)	1 (3)	5 (14)	23 (66)	35

Dimensions and indicators of the instrument «*Perception of humanized care in hospitalized patients*», developed by Hermosilla Ávila *et al.*¹⁵ Source: Humanized care perception questionnaire applied to hospitalized users in an oncology center in the State of Mexico.

system of humanistic and altruistic values, 80% of the patients answered that they always receive kind treatment with a positive effect on them, derived from the attitude of the nurse in her work of care.

In dimension 2, installation of faith and hope, 77% of the patients affirm that they feel confidence and security with the nurses' interventions, actions that are manifested in a positive emotional state; however, it is worth considering that 43% of the interviewees answered that religious preferences are never taken into account.

In dimension 3, cultivating sensitivity towards oneself and others, it is observed that over 70% of the interviewees perceive that there is a nurse-patient relationship at all times of care, in which the professional's communication, knowledge, and skills allow her to identify the patient's state of health, creating an environment of trust favorable to the quality of care provided.

In dimension 4, developing a human care relationship of help and trust, users identify that the nursing professional always provides care with empathy, favoring communication and not only a biological treatment, which is why they feel confident to express their feelings.

In dimension 5, promoting and accepting the expression of positive and negative feelings, 65% of users think that nurses always help patients to express their emotions or afflictions by listening to them and giving them the necessary time to do so; this allows patients to express themselves and encourages hope and coping with the course of their pathology.

In dimension 6, systematic use of the scientific method for problem-solving

and decision-making, over 80% of users mention that the care provided by the nursing professional is adequate and based on knowledge, since they point out that the interventions are individualized regardless of their diagnosis, which gives them confidence in the quality of care received.

In dimension 7, promoting transpersonal teaching and learning, 81% of users report that they know the reason for the procedures performed on them, as they have been previously informed about the care provided, which allows them to become aware of its importance and feel involved in requesting quality care.

In dimension 8, creating a supportive environment or mental, physical, sociocultural, and spiritual connection, 79% of the informants report having received care that is dignified and protective of their integrity as a person, their family, and present context, which characterizes a level of humanitarian care that takes into account the patient's entire environment to transcend strictly biological treatment.

In dimension 9, helping to meet human needs, 66% of patients perceive that the nursing staff always meets their physical needs: food, oxygenation, elimination, sleep or rest, activity, exercise, and hygiene, as well as social and spiritual requirements in a lower percentage.

Finally, in dimension 10, acceptance of existential-phenomenological forces, 67% of the informants indicate that the nursing staff supports them in identifying the process they are going through, which allows them to give meaning to their life that is favored by their health care and the improvement of their quality of life.

Five weightable responses were identified

for each indicator, so a Likert-type scaling was performed and is presented in Table 3, to identify with the following degrees the level of care provided by the nursing professional in the oncology center: never = 1, sometimes = 2, regularly = 3, almost always = 4, and always = 5.

Subsequently, according to the measurement ranges described in Table 4, the level of

humanized care provided by the nursing professional was classified. It is obtained that there is "very humanized" care, since the overall percentage of nine dimensions is higher than 85%, in a range of 140 to 174 points, while only dimension 2 shows humanized care in a range of 105 to 130 points, equivalent to 74%.

Tabla 3. Likert scaling of each indicator

	Never (1)	Sometimes (2)	Regularly (3)	Almost always (4)	Always (5)	TOTAL
Dimension 1: formation of a system of humanistic and altruistic values						
1. You are treated kindly by the nurse	1	2	3	12	145	163
2. You feel that the nurse's attitude has a positive effect on you	1	4	3	4	150	162
3. You feel that the caring nurse gives you something of her/himself	1	4	3	20	130	158
4. You feel that the caring nurse gives you something of her/himself that distinguishes her/him from others	1	2	6	16	135	160
Dimension 1						161
Dimension 2: installation of faith and hope						
5. The nurse has considered your religious or spiritual preferences in the care provided	15	2	9	16	60	102
6. You feel that the nurse's actions help to strengthen your faith	7	6	3	16	100	132
7. You feel that the caring nurse conveys hope (ways to feel better)	1	8	3	8	135	155
Dimension 2						130
Dimension 3: cultivating sensitivity to oneself and others						
8. You feel that you have a close relationship with the nurse	4	2	3	16	125	150
9. You feel that the nurse is touched by your health situation	4	6	6	28	95	139
10. The nurse knows how you feel and consults with you about it	2	4	3	16	130	155
11. You feel that the communication with the nurse is genuine	2	4	12	4	130	152
12. You can identify how the nurse feels and say so with confidence	7	6	3	20	95	131
13. The nurse is able to know how you are feeling	1	6	6	32	105	150
Dimension 3						146

Dimension 4: developing a human care relationship of support and trust						
14. You can express your feelings to the nurse	4	4	6	16	115	145
15. You feel a mutual trust between you and the nurse	1	8	6	12	125	152
16. The nurse puts herself in your place when you express your feelings	3	8	9	24	95	139
Dimension 4						145
Dimension 5: Promoting and accepting the expression of positive and negative feelings						
17. The nurse encourages or allows you to express your feelings	4	4	3	16	120	147
18. The nurse gives you time to express your emotions	1	6	12	16	115	150
19. You feel that the nurse listens to you beyond what is going on with your illness	5	2	3	24	110	144
20. You feel that the nurse accepts what is going on with you	4	8	3	16	110	141
Dimension 5						146
Dimension 6: Systematic use of the scientific method for problem solving and decision making						
21. You feel that the care provided by the nurse is organized and knowledge-based	1	4	3	4	150	162
22. You feel that the procedures performed are appropriate to your way of being	1	2	3	16	140	162
23. You feel that the care provided to you is different from that given to others	10	6	9	20	70	115
Dimension 6						146
Dimension 7: promoting transpersonal teaching and learning						
24. You have been informed or educated about the care you are given	1	2	3	16	140	162
25. You are consulted for your opinion on the procedures performed on you	3	2	3	12	135	155
26. You know the reason for the procedures provided to you	1	6	3	4	145	159
27. You recognize what your participation is and how important you are in the care given to you	1	2	3	12	145	163
Dimension 7						160
Dimension 8: creating a supportive environment or mental, physical, socio-cultural and spiritual connection						
28. You feel that you and your environment (family) have been included in your healthcare	1	2	3	24	130	160
29. You feel that you have been treated with dignity and that your integrity is protected	1	2	3	8	150	164
30. You feel that you are supported concerning your personality and body	1	2	3	20	135	161
Dimension 8						162

Dimension 9: Helping to meet human needs						
31. You feel that the nurse works to meet your physical needs	0	2	0	4	165	171
32. You feel that the nurse is concerned about your social needs	8	2	12	12	95	129
33. You feel that the nurse incorporates your spiritual needs into your care	9	2	9	20	85	125
Dimension 9						142
Dimension 10: acceptance of existential-phenomenological forces						
34. The nurse helps you understand why you are in that condition, place, or state	4	2	0	12	135	153
35. You gain insight into the meaning of your life through communication with the nurse	4	6	6	24	100	140
36. The nurse helps you to better understand yourself and others	5	2	3	20	115	145
Dimension 10						146

Dimensions and indicators of the instrument «Perception of humanized care in hospitalized patients», developed by Hermosilla Ávila et al.¹⁵ Source: Humanized care perception questionnaire applied to hospitalized users in an oncology center in the State of Mexico.

Table 4. Level of humanized care provided by the nursing professional.

Level of humanized care provided to hospitalized patients in an oncology center in the State of Mexico			
Measuring range	35 - 69	Not humanized	140 - 174 Very humanized
	70 - 104	Poorly humanized	> 175 Excellently humanized
	105 - 139	Humanized	
Dimension	Total scores	Percentage	Level of humanized care
Dimension 1: formation of a system of humanistic and altruistic values	161	92%	Very humanized
Dimension 2: installation of faith and hope	130	74%	Humanized
Dimension 3: cultivating sensitivity to oneself and others	146	84%	Very humanized
Dimension 4: developing a human care relationship of support and trust	145	83%	Very humanized
Dimension 5: Promoting and accepting the expression of positive and negative feelings	146	83%	Very humanized
Dimension 6: Systematic use of the scientific method for problem-solving and decision-making	146	84%	Very humanized

Dimension 7: promoting transpersonal teaching and learning	160	91%	Very humanized
Dimension 8: creating a supportive environment or mental, physical, socio-cultural, and spiritual connection	162	92%	Very humanized
Dimension 9: Helping to meet human needs	142	81%	Very humanizado
Dimension 10: acceptance of existential-phenomenological forces	146	83%	Very humanized
Total instrument average	148	85%	Very humanized

Dimensions and indicators of the instrument «*Perception of humanized care in hospitalized patients*», developed by Hermosilla Ávila *et al.*¹⁵ Source: Humanized care perception questionnaire applied to hospitalized users in an oncology center in the State of Mexico

Discussion

The results of this research are consistent with statements of previous studies, in which the level of quality humanized care provided by the nursing professional is based on scientific foundations, empathetic attitude, technical and professional skill, as well as experience based on close observation, which together leads to the production of “*deliberate professional and ethical judgments, highly focused on the needs of each patient*”.¹⁷

It is shown that the users identify the treatment received, and the time dedicated to listening to their concerns or doubts, which allows them to face their health-disease process positively. This is also shown in the research of Anacleto *et al.*, who analyze different studies on this type of population and state that different “*factors that promote humanized nursing care such as welcome, patient appreciation (...), establishment of a good relationship, good communication, active listening, creation of bonds with the patient and family, respect for individuality, autonomy (...), spiritual needs and faith...*”.¹⁸ Therefore, there is a direct

relationship between oncological care and the dimensions assessed in the present study.

This process involves the “*formation of a system of humanistic and altruistic values*”,¹⁵ in which nursing interventions generate trust and acceptance of care, as found in the research of Monje *et al.*: “*the qualities in the delivery of humanized care by the nursing professional that patients emphasize are those related to the category ‘qualities of doing’, i.e., they perceive that they can identify their needs, maintain cordial treatment, are available when required and educate them*”.¹⁹

It is important to emphasize that the instrument allowed a concrete evaluation of each of the dimensions and items since the ranges of measurement of the level of care were implemented according to the scores obtained. Therefore, according to the instrument applied, it is found that the care provided to the oncology patient is perceived as “*very humanized*”, in which priority is given to the person as a human being, respecting his/her decisions, values, and beliefs, a quality that substantially influences the work of nursing professionals in the art of care.

This is in agreement with the postulations

of Leininger, who “affirms that care is those acts of assistance, of support, directed to another human being with real or potential needs, to improve or alleviate their living conditions”.²⁰ This type of action helps to reduce the perception that “the act of caring, today, is being deficient, both in professional healthcare practice and training”.²¹ Although there are indeed many biases, it should be emphasized that the bond generated in the care of the person with an oncologic pathology is one of understanding and listening from the first encounter, in which “communication and emotional skills are essential elements of humanized care”,²¹ skills that are characteristic of nursing professionals.

Conclusions

It is concluded and substantiated that the care provided by the nursing professional in the attention to hospitalized patients in an oncology center in the State of Mexico is very humanized, due to the bond that is generated in the attention that has as a priority to consider the user integrally, including mind, body, soul and environment.

In this study, a scale of values was generated to classify the level of care. This was developed from Likert scaling scores, obtaining five levels ranging from “non-humanized care” to “very humanized care”. This scale is a fundamental pillar for future research measuring this type of variable.

The importance of humanized care in the assistance of people with cancer lies in the quality of the knowledge of praxis, communication, the proper use of words, and listening in the care setting. The latter is transcendental to provide confidence to the person who wants to express him/herself or who needs emotional support to have a

more encouraging outlook, since during the disease there may be crises that give rise to fluctuating moods. These actions strengthen the profession since humane care characterized by quality, warmth, and safety is reflected in user satisfaction, which gradually improves their quality of life and positively influences their person, family, and society.

Therefore, it is advisable to continue reinforcing a culture of humane care that creates an environment of trust and guarantees quality and risk-free work, as Mijangos-Fuentes mentions: “Care reduces the distances between treatments and the meaning of the disease. However, this care must be provided from a holistic vision, such as the one that distinguishes the discipline of nursing”.²²

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