

The Importance of Humanized Treatment in Postoperative Patients

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ABSTRACT

This paper presents a comprehensive training program designed to strengthen communication, empathy, and ethics skills in nursing staff, addressing critical areas such as affective interaction and emotional accompaniment in pre- and postoperative contexts. The perception of the patients was known through a survey, which allowed the design of the training program. It is made up of theoretical modules, practical workshops, and a continuous mentoring system, which not only strengthen technical competence, but also promote warmer and more personalized care, which responds to the individual needs of patients. This initiative is based on the premise that the quality of care does not lie only in compliance with protocols, but in the ability of professionals to humanize their practice and establish meaningful relationships with patients.

KEYWORDS: nursing care, human quality, technical skills, emotional accompaniment.

1. Introduction

In the field of medical care, the humanized treatment of patients has acquired increasing relevance, especially in the postoperative context, where patients are in a situation of physical and emotional vulnerability. The concept of humanization in health care advocates interaction that goes beyond clinical procedures, focusing on empathy, dignity, and respect for individuals. According to the World Health Organization (WHO), the humanization of health care is an essential element in improving health outcomes and patient satisfaction (WHO, 2021).

The importance of humanized treatment becomes evident in the postoperative context, where patients face not only the challenge of recovering physically, but also of managing the stress and anxiety that accompany surgery. Studies have shown that person-centered care can speed recovery and reduce postoperative complications (Smith & Jones, 2020). This is due, in part, to reduced levels of the stress hormone cortisol when patients feel understood and emotionally supported.

At a global level, the humanization of postoperative care has become a priority for the health systems of many countries. In Europe, for example, various policies and programs have been implemented that promote patient-centered care. In Spain, the

Madrid Health Service's Humanization Plan for Health Care (SERMAS) is a clear example of how institutions can integrate empathy and respect into their daily clinical practices (SERMAS, 2019).

In Latin America, countries such as Brazil and Mexico have also adopted measures to encourage a more humanized approach to health care. Brazil's Ministry of Health launched the National Humanization Policy (PNH) in 2003, with the aim of improving the quality of care through the promotion of respect and dignity for patients (Ministério da Saúde, 2003). Similarly, in Mexico, the Mexican Institute of Social Security (IMSS) has developed training programs for its medical personnel focused on effective communication and emotional support (IMSS, 2020).

Despite these advances, there are significant challenges to the implementation of humanized treatment in postoperative care. The overload of work of health personnel, the lack of specific training and limited resources are common barriers in many countries (Del Alcázar, Ladman, Madrid, Pais, Rosenkranz & Vivanco, 2016). According to one study, work overload and burnout in healthcare professionals can negatively affect their ability to provide patient-centered care (Beltrán, 2015).

To overcome these challenges, it is crucial that health institutions invest in the continuous training of their staff and in the development of policies and protocols that promote the humanization of care. In addition, constant feedback from patients can be a valuable tool for identifying areas for improvement and ensuring that care practices align with patient needs and expectations. Ultimately, a humanized approach not only improves the patient experience, but also contributes to a more fulfilling work environment for healthcare professionals.

2. Development

Postoperative nursing care varies significantly in different regions of the world, influenced by cultural, economic, and organizational factors (Morillo, Morillo, 2016). In general, the quality of postoperative care is measured by the ability of health services to provide a safe and effective recovery, minimizing complications and improving patient satisfaction.

In Europe, the Enhanced Recovery After Surgery (ERAS) program has been implemented in several countries to improve postoperative outcomes. This program includes strategies such as early mobilization, pain control, and optimized nutrition, which has been shown to reduce complications and shorten hospital stay (BMJ Open, 2023). The implementation of these practices requires continuous training of nursing staff and effective coordination between different health professionals.

In North America, especially in the United States, postoperative care focuses on standardized protocols and the use of tools such as the Post-Anesthetic Assessment System (PACT), which helps standardize care and ensure that patients meet certain criteria before being discharged from the post-anesthetic care unit (BMJ Open, 2023). The application of these tools has been shown to be effective in reducing adverse events and improving patient safety.

In Latin America, the quality of postoperative care can be variable due to differences

in available resources and staff training. However, countries such as Brazil have made significant progress with the implementation of policies to humanize care, which emphasize empathetic treatment and effective communication with patients. The National Humanization Policy (PNH) in Brazil seeks to integrate these principles into the daily practice of medical care (Ministério da Saúde, 2003).

In regions such as sub-Saharan Africa, the challenges are greater due to limited health infrastructure and a shortage of trained personnel. A study in Ghana highlighted the importance of education and discharge planning for surgical patients, stressing that a lack of information and coordination can increase anxiety and uncertainty among patients (BMC Nursing, 2023).

At the global level, a common approach is the need to provide adequate and personalized information to patients. Effective communication and emotional support are critical to reducing anxiety and improving patient satisfaction. Studies show that education based on individual patient needs can significantly reduce postoperative anxiety and increase satisfaction with the care received (Perioperative Medicine, 2023).

It is important to highlight that, while the practices and quality of postoperative care vary between regions, the principles of humanization, personalized education, and standardized protocols are crucial to improve patient outcomes and experience. Investment in the continuous training of nursing staff and in assessment and standardization tools is essential to advance this field at a global level.

To. The Ecuadorian context

In the hospital environment, advances in scientific knowledge and technology have made it possible to significantly improve the diagnosis and treatment of various diseases in increasingly shorter times. However, despite these medical advances, there have been numerous complaints from patients and users about the dehumanization of the care received. Among the main complaints are the lack of coordination between professionals, the treatment received, the absence of confidentiality, the deficiency in the information provided and the continuous change of professionals during the care process. These deficiencies indicate the urgent need to pay greater attention to the humanization of care, since the depersonalization of nursing care can result in a loss of familiarity, humanity, and cordiality (Humanes de Madrid, 2017).

According to Ecuador's Organic Health Law, "the national health authority is the Ministry of Public Health (MSP), which has the leadership over public policies and programs to provide quality care in the health sector; the actions are aimed at the prevention, promotion, rehabilitation, recovery and palliative care of each person and the population in general" (National Assembly of Ecuador, 2015). In this context, the MSP developed the Comprehensive Health Care Model (MAIS), whose objective is to achieve the highest quality in health services, seeking a positive social impact. This manual emphasizes the importance of providing excellent health care to improve the quality of life of the population (Ministry of Public Health, 2012).

It is essential to recognize that quality in health services is not achieved only through technical means, but also through attention to the human aspects of care. A

humanized approach involves comprehensive care that considers the patient's emotional, psychological, and social needs, as well as physical needs. Empathy, effective communication, and respect for the patient's dignity are crucial elements in ensuring a positive and effective care experience.

Therefore, the implementation of policies and programs that promote the humanization of care in the hospital setting is essential to address these concerns. Continuous training of healthcare professionals in communication and empathy skills, as well as the creation of protocols that ensure continuity and personalization of care, are necessary steps to improve quality of care and patient satisfaction.

It is necessary to recognize that technological and scientific advances must be accompanied by a firm commitment to the humanization of health care. Only through a comprehensive approach that includes both technical and human aspects, can a real and sustained improvement in the quality of life of patients and in the effectiveness of the health system as a whole be achieved.

B. Main factors influencing the humanized treatment of nurses

Nurses' humanized treatment of post-operative patients is crucial to improving health outcomes and patient satisfaction. Several factors influence nurses' ability to provide empathetic and patient-centered care.

One of the main factors is effective communication. In this way, open and honest communication between nurses and patients helps alleviate anxiety and post-operative stress, providing clarity on recovery procedures and expectations. Studies have shown that preoperative education based on individual patient needs can significantly reduce postoperative anxiety and increase patient satisfaction (Perioperative Medicine, 2023). Appropriate, personalized information allows patients to feel more prepared and supported during their recovery.

Another critical factor is emotional and psychological support, because nurses who show empathy and understanding towards patients can create an environment of trust and security. This is especially important in the postoperative context, where patients may experience fear and vulnerability. According to a study by BMC Nursing (2023), a lack of emotional support can increase stress levels and negatively affect a patient's recovery. The presence of a nurse who offers comfort and support can make a big difference in the patient's post-operative experience.

On the other hand, continuous education and training of nursing staff are also essential to guarantee humanized treatment. Training programs in communication skills, stress management, and patient-centered care are critical. In Brazil, the National Humanization Policy (PNH) has implemented training programs to improve the quality of care through the promotion of respect and dignity for patients (Ministério da Saúde, 2003). These initiatives ensure that health personnel are well prepared to address both the clinical and emotional needs of patients. In addition, the hospital environment and infrastructure play an important role in humanized treatment. A comfortable and well-equipped environment can significantly improve the patient experience. The availability of adequate resources, such as private rooms and rest areas, contributes to a better recovery and well-being of the patient. According to an article by BMJ Open (2023), the implementation of standardized

tools such as the Post-Anesthetic Assessment System (PACT) in hospitals can improve care coordination and reduce adverse events, creating a safer and more welcoming environment for patients.

In this way, coordination and continuity of care are essential for humanized treatment. Continuity of care and coordination between different health professionals ensure that patients receive coherent and personalized care (Ugarte, 2017). Lack of coordination can lead to fragmented care and increase patient uncertainty and anxiety (BMJ Open, 2023). Clear protocols and good communication between the health team are vital to provide comprehensive and humanized care. Humanized treatment in postoperative care depends on effective communication, emotional support, continuous training of staff, an appropriate hospital environment, and care coordination. These factors combined can significantly improve patient experience and health outcomes, promoting a faster and more satisfactory recovery.

3. Methodology

The research carried out is cross-sectional, descriptive, field and quantitative. The population was made up of people who enter the operating room area of the government entity. The types of surgery performed in this area are urological, vascular, emergency, general surgery, pediatrics, otorhinolaryngology, ophthalmology, plastic and traumatology. The total number of admissions recorded during six months was 6,000 patients.

The population was composed of all patients admitted to the operating room area who had the same possibilities of being part of the research. While the sample was limited to those patients of legal age, who had no problems answering the questions, who are out of danger of death and who are willing to collaborate with the research, making a total of 362 people. A 30-question questionnaire with a Likert-type scale was used for data collection. These included sociodemographic information, as well as those perceptions related to nursing care. In addition, information related to the profession or occupation of the people was included. Figure 1 shows a diagram of the characteristics of the research.

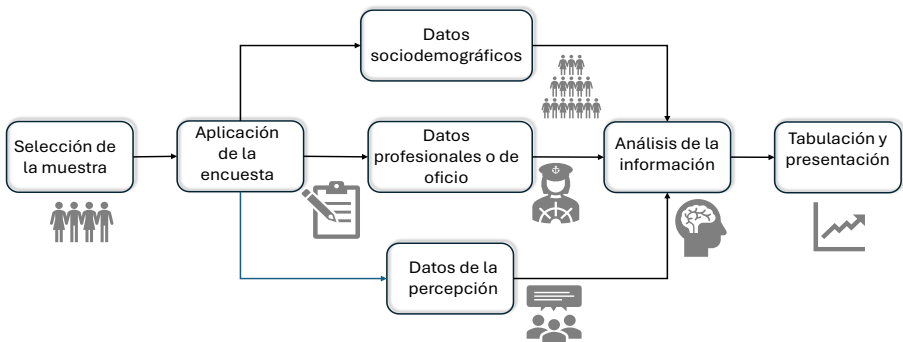


Fig. 1. Description of the phases carried out in the research.

Source: Own. In original language Spanish

4. Results

The results of the survey revealed that 55.5% of the people were women, the remaining 45.5% were male. It was also observed that the professions and trades were centered on those shown in Table 1, noting that the highest percentage corresponds to people between 31 and 40 years of age.

Table 1. Age range of the people surveyed

Category	Quantity
20-30	59
31-40	131
41-50	125
51-60	47
Total	362

On the other hand, Table 2 shows the occupational characteristics of the people, it can be seen that most of the respondents are dependent workers, this may be due to the fact that the hospital analyzed corresponds to the business affiliates.

Table 2. Jobs of the people surveyed

Trades	Quantity
Students	16
Dependent worker	320
Self-employed	26
Unemployed	0
Total	362

On the other hand, Table 3 presents the data related to the appreciations perceived by patients at the time of being attended by the nursing staff, it can be observed that it is common for the staff to pay attention to patients, to be friendly and courteous. However, none of the specialists usually presents themselves with their name, and a high percentage of them (50.3%) do not usually pay attention to the patient's consultations.

Another important factor that could be observed in the survey was that nursing staff do not usually dedicate time to patients to clarify doubts regarding their health status, also showing little empathy to position themselves in the patient's position.

Table 3. Patients' perceptions in relation to the treatment of nursing staff

Evaluated Features	Always	Sometimes	Never
	(%)	(%)	(%)
1. He listened intently by looking at his face	64,1%	24,9%	11,0%
2. He paid little attention to it when he asked her about her state of health.	0,0%	49,7%	50,3%
3. He showed kindness and courtesy at the time of Attend.	77,9%	22,1%	0,0%
4. He identified with his Name upon entering the operating room	0,0%	0,0%	100,0%
5. It provided an environment reliable	50,3%	49,7%	0,0%
6. Him Dedicated enough	15,2%	57,5%	27,3%

time to clarify your					
Doubts and concerns					
7.	He showed a tense treatment and cold.	1,1%	27,6%	71,3%	
8.	HerselfPlaced in Your Patient Status	24,3%	31,5%	44,2%	

On the other hand, the patients were able to express their perceptions in relation to the respect received, revealing that the nursing staff is respectful when calling them by name and not using nicknames or other types of identification, likewise, it was possible to verify that the staff is careful of ethical processes, such as the confirmation of the patient's decision, care and modesty, but there is little receptivity of the staff to the individual personal beliefs and values of each patient.

In addition, when evaluating patients' perception of the treatment received by nursing staff in health centers, focusing on the dimension of respect, the results reflected a predominantly positive treatment in several key aspects that contribute to the patient experience. A central element that stands out is the fact that all patients reported being called by name upon entering the operating room, indicating a level of personalization and humanity in care. This simple but meaningful act can help patients feel recognized and valued during a potentially stressful time.

Regarding the demonstration of respect for patients' feelings, beliefs, and values, the vast majority (80.7%) reported receiving it consistently, although 19.3% mentioned that this occurred only sometimes. This finding suggests that, although overall respect for patients is high, there is room for improvement in the universality of this practice, ensuring that all patients feel understood and respected at all times. On the other hand, one area that clearly requires attention is the lack of opportunity for patients to express their feelings about their illness and treatment, where no patient indicated that they had always had this opportunity, and 26.5% stated that they were never allowed to express these feelings. This result is worrying, since being able to express concerns and emotions is crucial for the patient's mental health and participation in the care process.

Importantly, all patients received confirmation of their decision to undergo surgery both in writing and verbally, reflecting a good level of communication and respect for patients' informed decisions. Similarly, the protection of the patient's modesty was always guaranteed, which is essential to maintain the dignity of the individual during invasive procedures or in vulnerable contexts. It is important to highlight that, although nursing staff demonstrate a high level of respect in aspects such as personal recognition and the protection of dignity, there is an urgent need to improve effective communication that allows patients to express their feelings and concerns regarding their condition and treatment. Strengthening this aspect could lead to a significant improvement in the general perception of patients about the treatment received, ensuring more comprehensive and humane care.

On the other hand, when evaluating affectivity, a mixed picture was observed, in which both strengths and areas of improvement in affective interaction during medical care are observed. In key areas such as confirming the patient's identity through the identification bracelet and expressing a warm manner when addressing the patient, the results are extremely positive. 100% of the patients reported that their

identity was confirmed, and 70.4% said they had received warm treatment. This suggests that, in terms of safety and direct treatment, the nursing staff manages to establish a positive and safe connection with patients.

However, worrying situations are also highlighted, especially in the lack of affective physical contact, such as shaking hands with the patient to encourage them, where no patient reported having received this type of gesture. This finding may indicate a lack of training or neglect in the more tangible ways to offer comfort and emotional support in times of vulnerability. On the other hand, the paused tone of voice, which is crucial to convey calm and control in medical situations, was consistently used by 40.1% of the staff, while 51.4% of patients reported that this happened only sometimes. Although not alarming, this indicates that there is still room for improvement in verbal communication, particularly at times that can generate anxiety.

The most critical data are observed in the indicators related to the perception of disinterest or annoyance on the part of the staff, as well as in the feeling of loneliness when entering the operating room. Fortunately, none of the patients reported perceiving disinterest or annoyance, and an overwhelming majority (96.1%) indicated that they did not feel alone when entering the operating room. This reflects a high quality of emotional support and the willingness of the staff to offer constant support during the most delicate moments of the surgical process. In addition, 73.5% of patients felt safe and secure during surgery, which is a key indicator of staff success in conveying confidence. However, it is relevant to note that 26.5% of patients indicated that this feeling of security was only occasional, suggesting that there could be inconsistencies in the affective experience that patients receive.

It is also worth mentioning that, in aspects related to attention to basic needs, such as hygiene and evacuation, and in the ability to reduce the patient's anguish and fear, the staff shows a considerably good performance, with more than 50% of patients always feeling cared for in these areas. Although nurses demonstrate a strong ability to maintain affective communication and provide reassurance at critical moments, the lack of supportive physical gestures and variability in the use of a calm tone of voice suggest areas where affective care could be strengthened. These adjustments would not only improve the patient's overall experience, but also contribute to greater peace of mind and emotional well-being during their stay at the healthcare facility.

A. Program to strengthen communication and empathy skills in nursing care

The program is designed to enhance nurses' interpersonal competencies, focusing on critical areas such as effective communication, tone of voice management, and expressing empathy toward patients. This program is based on the need to raise the quality of care through more understanding and warmer interactions, ensuring that patients not only receive appropriate clinical treatment, but also emotional support that contributes to their overall well-being. By developing these skills, it is sought that nursing professionals can establish more meaningful connections with patients, facilitating a care environment in which they feel valued and understood at all times.

It is proposed that, throughout the program, practical workshops, case studies and

feedback sessions be implemented that allow participants to identify and overcome barriers in communication and affective treatment. These activities are designed for nurses to practice and refine techniques that foster greater sensitivity in dealing with patients, such as the use of appropriate body language, attention to emotional needs, and the demonstration of support during delicate pre- and post-operative procedures. Upon completion, nurses will be better equipped to respond to patient expectations, creating a care experience that is both effective and deeply human.

Table 5. Nurse Training Program

Program Element	Characteristics	Runtime
Theoretical Training Modules	It includes effective communication, empathy and emotional sensitivity, ethics and responsibility in care.	4 weeks (2 hours/week)
Practical Workshops	Interactive simulations, role-playing, group dynamics to improve communication and empathy.	6 weeks (3 hours/week)
Feedback and Evaluation Sessions	Peer observation, formative assessments, patient satisfaction surveys.	4 weeks (1 hour/week)
Mentoring and Ongoing Support	Experienced mentors, spaces for reflection to share experiences and emotional support.	12 weeks (1 hour/week)
Resources and Support Materials	Guides, manuals, videos, interactive resources and virtual library for self-study and consultation.	Continuous Provision
Monitoring and Impact Evaluation Plan	Post-training monitoring, follow-up meetings, final report with recommendations.	8 weeks (1 hour/week)

This schedule ensures a comprehensive and sustainable approach to the development of key skills in communication and empathy, maintaining a balance between theoretical and practical training, and constant monitoring, it lasts six months, with 4 to 5 hours per week. Table 6 shows the specifications for the program to be effective and to meet the necessary standards to improve affective communication with patients.

Table 6. Program Specifications

Program Module	Minimum Content	Objective
Effective Communication	- Verbal and non-verbal communication techniques- Adaptation of language to the patient- Appropriate use of tone of voice	Improve the ability of nursing staff to communicate clearly, effectively, and empathetically.
Empathy and Emotional Sensitivity	- Empathy concepts in health care- Managing emotions in critical situations	Foster a deep understanding of the patient's emotions and how to respond to them sensitively.
Ethics and Responsibility in Care	- Emotional support techniques- Ethical principles in nursing- Respect for the dignity and autonomy of the patient- Professional responsibility	Ensure that staff act with integrity, respecting the rights and dignity of each patient.
Interactive Simulations and Role-Playing	- Simulated pre- and post-operative care scenarios- Role-playing in real situations- Real-time feedback	Practice skills in a controlled environment to improve reaction and handling of critical situations.
Group Dynamics and Team Cohesion	- Group communication exercises- Team conflict resolution- Dynamics to improve collaboration	Strengthen the team's ability to work together, improving cohesion and efficiency in care.
Peer Observation and Feedback	- Evaluation of colleagues during internships- Constructive feedback- Identification of areas for personal improvement	Facilitate mutual learning and professional growth through peer-to-peer observation and feedback.
Post-Training Monitoring and Follow-Up	- Periodic evaluations- Follow-up meetings- Final report with recommendations	Evaluate the application of what has been learned and ensure continuity in the improvement of patient care.
Mentoring and	- Assignment of experienced mentors-	Provide ongoing support and

Spaces for Reflection	Focus groups- Reflection on professional practice	encourage critical reflection to improve daily practice.
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In healthcare, patient care cannot be reduced to a simple algorithm or a standardized process. While protocols are essential to ensure safety and effectiveness, the true essence of care lies in the ability of nurses to go beyond technical guidelines and address the patient's human needs with sensitivity and empathy. Every patient is unique, with personal and emotional circumstances that cannot be fully anticipated by a set of rules. It is at the intersection between the science and art of nursing that the most effective and compassionate care emerges. The ability to perceive, interpret and respond to these individual needs is what distinguishes exceptional care, providing not only treatment, but also comfort and support in times of vulnerability.

Therefore, the role of nursing staff is not limited to the execution of clinical tasks, but requires a deep commitment to the integral well-being of the patient. This commitment is manifested in the dedication, commitment and warmth with which each intervention is carried out, adapting care to the person being cared for, beyond the process or protocol. Quality care is measured not only by clinical outcomes, but also by the patient experience, where humanity and warmth of treatment play a fundamental role. In this sense, the real challenge of nursing is to balance technical precision with human sensitivity, ensuring that each patient receives care that is both scientifically rigorous and deeply human.

5. Conclusions

The analysis carried out highlights the importance of personalized and humanized care in patient care, especially in pre- and postoperative contexts. The data reveal that while there are positive and consistent practices in the treatment of nursing staff, such as confirming the patient's identity and using warm treatment, there are critical areas that require attention, such as a lack of affective gestures and effective communication at key moments. These findings highlight that nursing care should not be limited to the execution of technical procedures, but should integrate a more holistic and empathetic approach.

One of the most worrying aspects is the absence of emotional physical contact, such as shaking the patient's hand to encourage them, a gesture that may seem simple, but that has a profound impact on the patient's perception of support and security. These types of interactions, although brief, can significantly strengthen the nurse-patient relationship and reduce the anxiety associated with surgical procedures. Nursing staff training should focus on fostering these practices, ensuring that every interaction with the patient is charged with humanity and empathy.

The analysis also reveals that, although a significant part of the nursing staff uses a slow tone of voice when communicating with patients, there is variability that could affect the perception of calm and control in stressful situations. It is crucial that communication skills training not only includes technical aspects, but also emphasizes the importance of a tone of voice that conveys security and tranquility, adapting to the emotional needs of each patient.

It is encouraging to note that patients did not report perceiving disinterest or annoyance on the part of the nursing staff, indicating a general commitment to patient respect and dignity. However, the feeling of loneliness that some patients experience when entering the operating room points to the need for more consistent emotional support. Ensuring that patients feel supported at all times, especially in the most vulnerable, is essential for a positive surgical experience.

The fact that a majority of patients feel safe and secure during surgery reflects a good level of technical competence and empathy on the part of the nursing staff. However, the varied experience among patients suggests that this safety is not always uniformly perceived. This highlights the need for a more systematic approach in training and in assessing the emotional impact of surgical interventions.

Another important finding is adequate attention to the patient's basic needs, such as hygiene and evacuation, and the ability of staff to decrease distress and fear. These aspects are fundamental for the integral well-being of the patient, and their effective management demonstrates a commitment to the quality of care. However, it is essential to continue to strengthen these practices to ensure that all patients receive equitable, high-quality care.

Although protocols and procedures are necessary to guide clinical care, the data and conclusions obtained reinforce the idea that sensitivity and personal commitment are equally crucial to patient satisfaction. The development of training programs that not only address technical competencies, but also focus on the formation of soft skills such as empathy, communication, and warmth in treatment, is essential to improve the quality of nursing care. These programs must be continuous and adaptable, allowing the nursing staff to evolve and adjust to the changing needs of their patients.

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