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## RESEARCH ARTICLE

### PERCEPTION OF THE SURGICAL PATIENT AMBULATORY ON THE HUMANIZED CARE PROVIDED BY THE NURSING STAFF IN THE AMBULATORY SURGERY ROOM OF THE NAVAL MEDICAL CENTER

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#### ABSTRACT

The development of technology within the surgical field has made great advances in the diagnosis and treatment of many diseases. However, this effort to improve these aspects may condition the dehumanization of care directed to the patient. At this point, humanization has become a topical issue that worries health personnel, especially nurses, since they spend most of their time with the patient and since its inception has put human care into practice. The nursing professional as an integral part of the health team has been adapting to the changes according to the progress of science and technology, so that the care provided must be based on three dimensions: technical, environmental and human; which has been incorporating increasingly sophisticated and complex techniques that, at times, distance it from a vision of man as a person that should be valued. Human care involves values, willingness and a commitment to care, considering the term "care" as intersubjective, health process, disease, person and environment interaction, external factors that at some point may affect the committed care involved in humanized care. Assessing the user's perception, allows the hospital to obtain a set of concepts and attitudes in relation to the care offered, locating areas of opportunity and creating strategies for continuous improvement, minimizing the deficiencies that put at risk the satisfaction of the population user. The Mexican Health System, with the conviction of improving services and eliminating the lack of confidence that the population gives it, developed the National Crusade for the Quality of Health Services, which aims to reduce inequities among entities, institutions and levels of attention, thus taking the human resources of the same system, placing the nursing staff as a quality vector with attachment to the respect of human dignity, under ethical and scientific principles. The then Interinstitutional Commission of Nursing, established the System of Evaluation of the Quality of Nursing Services, managed from indicators, which would control the risk of unnecessary harm to the patient and identify their perception regarding the treatment received where the Naval Medical Center is participating to obtain the recertification of said hospital. Which adheres to the Patient Safety Model of the General Health Council, "Standards to implement the model in hospitals 2015" in the section Standard PFR.1 that talks about the rights of the patient. The **objective** of the present investigation was to determine the perception of the ambulatory surgical patient on the humanized care provided by the nursing staff of the ambulatory surgical area. Within the **Hypothesis** It was found that the humanized care provided by the nursing staff of the ambulatory surgery surgical area is moderately favorable. **Material and Method:** The study is of descriptive type of transversal cut, it was carried out in the Naval Medical Center from June to November of 2018. It was performed in a convenience study in surgical patients on an outpatient basis. The technique that was carried out was through the socio-demographic survey, and the instrument Perception of humanized care in nursing (PCHE) Likert scale form of 30 items applied with prior informed consent. The data analysis was through descriptive statistics in SPSS program version 21.0. **Results:** the majority of the users were of upper secondary education due to their technical career, the age of 51 to 60 years prevails, with predominance of the female sex, married and of the rightful beneficiary category. The service that has the largest number of surgeries per day scheduled by the ambulatory surgery area is the gastroenterology service followed by ophthalmology and general surgery. The perception of the outpatient surgical patient on the humanized care provided by the nursing staff, most of it is favorable, emphasizes the perception of the outpatient surgical patient on humanized care according to the affected dimension, since most of them have a perception moderately favorable, referred to the fact that the nursing staff does not offer encouragement when they do not shake hands; how favorable I confirm your data with the identification bracelet; At all times, he looks after his person, made him feel safe and protected, and a significant percentage perceives it as unfavorable given that the nursing staff expressed disinterest and annoyance when treating me. **Conclusions:** it is necessary to implement strategies, improvement plans and ongoing training in order to raise the awareness of nursing staff to apply good treatment to the patient from a human-based approach

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## INTRODUCTION

Perception is a cognitive process in which the person, based on the information received by stimuli from the external environment associated with previous experiences, situational and personal conditions, allows them to make the selection and interpretation of said information and as a result they attribute a meaning to it; for what is currently of interest to organizations wishing to adequately serve their members deepen the perception as a value that favors the performance of workers and the improvement of user care (Group of experts, 2012). It is in this context that the World Health Organization establishes the need to promote health care focused on the patient's perspectives as a human being who is the protagonist of care; whose experiences and individual needs should be considered constantly as a contribution in the practice of assistance that contributes to the formation of institutional policies that generate change. In our country, the Ministry of Health as part of the commitment to provide health care focused on people and with the aim of responding to the demands for improvement in the assistance of health services has implemented the assessment of perception as an indicator of satisfaction of the users and improvement of the quality of care, which allows identifying problems or difficulties for health care. That is why assessing the meaning that the patient attributes to care is essential to position the profession in the best conditions that allow for growth and transformation to meet the challenges and changes that arise (Urrutia *et al.*, 2009).

The nursing professional is recognized as the person who best transmits the image and spirit of a health institution since it is in permanent and continuous contact with the patient, so their actions are interpreted as an indicator of quality of care. Assessing the perioperative care of nursing through the patient's perception is transcendental since its work generates great impact in the patient's experience, human being object of the care that enters to undergo a surgical intervention and that is in a critical moment where it requires the support and the humanistic tools as much as scientific and technical that it can and must provide the nursing professional responsible for generating in him confidence and security for his tranquility and for the proper development of the processes. Jean Watson raises his theory of transpersonal care as a process that favors the relationship between nurse and patient through interaction, which is a tool that allows us to reflect on the importance of nursing care actions in the perception of the patient since it allows directing nursing interventions according to the needs detected in the patient; It also allows to direct the strengthening of the profession through the implementation of actions that contribute to the achievement of continuous improvement of quality and the satisfaction of the patient's expectations during the interaction of care (Martin, 2014). The present study entitled "perception of the outpatient surgical patient on the humanized care provided by the nursing staff in the ambulatory surgery room of the Naval Medical Center," aimed to determine the perception of the outpatient surgical patient on the humanized care provided by the personnel of the ambulatory surgical area. With the purpose of providing the results to the corresponding authorities so that the nursing professionals who work in the area of Ambulatory Surgery plan intervention strategies to provide a humanized care approaching the human being in a holistic manner; likewise, promote health training institutions, reorient teaching in the human aspect, in nurses.

## Humanized attention in health

When we talk about humanized nursing care we are referring to the essence of nursing that is the integral care of the human being. According to the Humanistic Theory of Paterson and Zderad, it emphasizes the relationship that is established between the nurse and the person receiving the care, trying to give an answer to the phenomenological experience lived by both (Espinoza *et al.*, 2010).

### Watson humanized care

Watson Jean, puts as a starting point the affective, feelings and emotions make a perfect union between traditional beliefs and human sciences; for her, "human care is a moral idea that transcends the act and goes beyond the action of one producing collective acts of the nursing profession that have important consequences for human civilization." He also mentions in one of his assistance elements that the development of a "help - trust" relationship is crucial for interpersonal attention; This relationship of trust promotes and accepts the expression of positive and negative feelings, which implies congruence, empathy, affection and effective communication. In addition J. Watson mentions that caring in nursing implies a knowledge of each patient, in realizing their attitudes, aptitudes, interests and motivations; which requires its manifestation as a unique, authentic person, capable of generating confidence, serenity, security and effective support<sup>(9)</sup> For the nursing staff being honest, genuine and authentic gives the patient the confidence to perform the procedures, empathy is defined as the ability to experience and therefore understand the perceptions and feelings of the other person, as well as the ability to communicate this understanding; affection is demonstrated by speaking in a moderate tone of voice and adopting an open and relaxed posture, and facial expressions coherent with other communications; and communication, is constituted by cognitive, effective and behavioral response elements that the staff adopts.

### Dimensions of humanized care

Within the theory of humanized care carried out by the author Jean Watson where she recognizes the care person as an integral being, the dimensions of humanized attention have been elaborated in the following way:

Dimension interaction, refers to the nurse relationship patient which is given by an effective communication that involves listening attentively to the patient looking him in the face, showing kindness and courtesy, creating an atmosphere of trust, showing an attitude of empathy with the patient. Dimension respect, refers to accept and understand as they are others, is the basis of the support of morality and ethics, in the field of health respect is to greet and identify with the patient, as well as call him by his name, give the patient freedom to make decisions, respect their privacy and privacy, respect their values, customs and beliefs. Affective dimension is one of the qualities that a nurse must possess during patient care and is demonstrated by expressing affection and warmth, providing encouragement, encouragement and comfort to the patient, showing interest in meeting the needs and requirements, and providing safety and security protection to the patient. Participation dimension, refers to the nurse who facilitates the patient's discovery of their own needs and abilities, and promotes self-care, based on listening and continuous

dialogue, patient participation is achieved by educating the patient about their collaboration during and after a procedure, encouraging the patient to be an actor of their health, by educating the family about the care and support of the patient, and by listening and addressing the concerns of the patient and family (Zarate Merchán, 2013).

### Humanized care of the surgical patient

Being one of the strongest experiences in the life of people is to undergo a surgical intervention has implications in all areas of the patient (biological, psychological, spiritual and social). A mixture of emotions like; fear, doubt, fear, hope that the patient is in a state of anxiety, uncertainty and danger to their identity and personal integrity as a result of surgical treatment. Until a few years ago, most of the surgical procedures were performed with the patient hospitalized in a hospital center, in order to provide care before, during and after surgery. This traditional concept is giving way to what we know today as outpatient surgery. Ambulatory surgery is defined as an elective procedure that does not require hospitalization and that reintegrates the patient to his family on the same day of the intervention. Which is divided into major and minor outpatient surgery, thus leaving as minor ambulatory surgery to those surgical procedures that are carried out under local anesthesia, without hospitalization and that do not need any special postoperative care, which allows the patient to return to its environment once the same and major outpatient surgery refers to those surgical procedures that are carried out with local anesthesia, regional or general and require immediate post-operative care but without hospitalization, allowing the patient to return home a few hours after of performed the surgery. For the surgical intervention, humanization begins in the preoperative period when the patient and family must receive the necessary information to reduce anxiety. Establishing effective communication would be one of the ways to gain patient trust and humanize care.

The professional who interacts with his patient and family attending to his interests and informing is the person who offers him security as long as the nurse-patient trust relationship is consolidated. This therapeutic relationship is achieved through communication which can only be possible when there is a climate of freedom in which thoughts, feelings, sensations, etc can be expressed; for the nurse should encourage the patient to verbalize and expose their feelings and fears; At the same time, she should be willing to listen with attention and respect, since the nurse is the first person to have direct contact with the patient from the moment of reception to the departure of the operating room; that is, during the perioperative period (preoperative, intraoperative and postoperative trans-operative). The immediate Pre-operative; It begins at the moment in which the nurse receives the patient until he enters the operating room, during this time, the priority activity of the nurse is quality care in the human dimension. Therefore, human care must include, greet and identify with the patient; create a warm personal contact and respect that humanizes the environment; Likewise, the nursing staff must use empathy and communication, with the patient and family through touch, eye contact, listening and verbal reassurance in order to reduce tension and anxiety; the communication should be horizontal where the patient is allowed to express and clarify their doubts, issues, anguish and among other feelings that present; for which the nurse must perform a comprehensive and individualized assessment of the patient,

without neglecting the family; provide psychological and emotional support at all times. Subsequently the intra-operative phase continues, which begins at the moment in which the patient enters the operating room and ends when the patient has been admitted to the Post-Anesthetic Recovery Unit or if it is a simple surgery to go home. Once the patient enters the operating room, the tendency of the care provided by the nurse is of protection, comfort, defense and support, due to the greater dependence of the patient during the trans-operative. During the surgical intervention, especially while maintains the effects of anesthesia, the person can not protect himself against a possible danger, so the nursing staff must help to prevent injuries and should never be left unattended or without observation in the operating room. Finally, the immediate postoperative phase begins when the surgical intervention ends and the patient is taken to the Post-anesthetic Recovery Unit or simply to his home in case he has undergone a simple surgery performed under local anesthesia; in this case, the nurse must educate the patient and family in a clear and simple way about postoperative care at home, explain their return to the hospital or health service for their respective control (Gonzales Escobar, 2014).

## MATERIALS AND METHODS

### A.Methods information collection methods

- Patients were identified electively for outpatient surgery during the period from June to November 2018.
- An interview was conducted identifying factors that intervened as criteria for elimination in our study.
- The patients who fulfilled the inclusion criteria for our study were explained in detail the intention of the present study, signing their informed consent form.
- The patient was informed that their identity will be protected and the confidentiality and privacy of their data will be maintained. The
- Modified Likert Scale PCHE instrument consisting of 30 items was delivered, explaining to the patient the doubts that may arise from it. The data obtained in the database was recorded for further analysis.

### PCHE modified questionnaire for surgical patient

Humanized care is immersed in the work of nursing care holistically, taking into account the human part of the patient and this is independent of whether the person is healthy or sick, in order to establish that care of quality are sustained through a nurse-patient relationship, interconnected and inter subjective, shared feelings between the nurse and patient. The validation of this scale is a contribution to transpersonal human care, to know the meaning that nurses give them, and how effective they feel, as well as to remedy deficit aspects in the teaching and practice of care. Which has been designed and implemented by Santamaria Romero (Barnhart, 1994) and teachers of the care group of the Faculty of Nursing of the National University of San Marcos. The results of the validity process through the psychometric tests carried out by Reina (Reina Vargas and Vargas Rosero, 2006) indicate that the mentioned instrument has a high facial validity with patients, with an agreement index of 0.94, a facial validity with experts in the area of nursing, with a medium index, an agreement index of 0.78 and a high content validity, with a content validity index of 0.83.

Items according to dimensions theory jean Watson	Never	Some times	Almost always	Always
<b>Dimension interaction</b>				
1. The nursing staff listened to me attentively looking me in the face.				
2. The nursing staff paid me little attention when I asked about my state of health.				
3. The nursing staff showed me kindness and courtesy at the time of attending me.				
4. The nursing staff identified themselves with my name when I entered the operating room.				
5. The nursing staff gave me an atmosphere of confidence.				
6. The nursing staff gave me enough time to clarify my doubts and concerns.				
7. The nursing staff showed a tense and cold treatment.				
8. The nursing staff was placed in my condition as a patient.				
<b>Dimension respect</b>				
9. The nursing staff called me by my name on my admission to the Operations room.				
10. The nursing staff treated me with a nickname.				
11. The nursing staff showed respect to my feelings, beliefs and values.				
12. The nursing staff allowed me to express my feelings about my illness and treatment.				
13. The nurses confirmed my decision to be submitted to the surgery in writing and verbally.				
14. The nursing staff took care of and protected my modesty at all times.				
<b>Dimension affect</b>				
15. The nursing staff gave me encouragement by shaking my hand.				
16. The nursing staff, in conversation, made use of a slow tone of voice.				
17. The nursing staff expresses a warm treatment when addressing myself.				
18. The nursing staff expressed disinterest and annoyance at the time of my care				
19. The nursing staff made me feel that I was alone when entering the operating room.				
20. The nursing staff during the surgery made me feel safe and protected.				
21.-The nursing staff is directed at all times to the care of my person.				
22. The nursing staff was attentive to help me with my basic needs (hygiene, urinary and intestinal evacuation)				
23. The nursing staff reduced my anxiety and fear.				
24. The nursing staff confirmed my information with the identification bracelet.				
<b>Dimension participation</b>				
25.Number of nurses explain to me the activities that will be performed in the operating room (eg, control of vital signs, placement of a peripheral route, washing of the operative area, etc.)				
26. the nursing staff I take into account my opinion at all times.				
27. The nursing staff educated me on the medical indication, in relation to the administration of their medicines.				
28. The nursing staff educated me about the care I must take at home.				
29. The nursing staff motivated me and encouraged me to take care of my health by myself.				
30. The nursing staff responded to my doubts and concerns.				

The instrument consists of 30 items, is a modified Likert scale of 4 points, which analyzes the frequency with which humanized nursing care behaviors are presented by dimensions, thus:

- (1) Never,
- (2) Sometimes,
- (3) Almost always,
- (4) Always, for a real instrument range of 30 to 120 points per instrument. A score is obtained from each alternative:

Frequency	Score
Never	1
Some Times	2
Almost always	3
Always	4

The final values are obtained in the following way:

- Favorable: When a score of 91 to 120 points is obtained.
- Moderately Favorable: When a score of 71 to 90 points is obtained.
- Unfavorable: When a score of 30 to 70 points is obtained.

**Dimension**

**Interaction dimension**

- Favorable: When a score of 25 to 32 points is obtained.
- Moderately Favorable: When a score of 16 to 24 points is obtained.

- Unfavorable: When a score of 8 to 15 points is obtained.

**Dimension respect**

- Favorable: When you get a score of 19 to 24 points.
- Moderately Favorable: When a score of 12 to 18 points is obtained.
- Unfavorable: When a score of 6 to 11 points is obtained.

**Affect dimension**

- Favorable: When a score of 31 to 40 points is obtained.
- Moderately Favorable: When a score of 20 to 30 points is obtained.
- Unfavorable: When a score of 10 to 19 points is obtained.

**Participation dimension**

- Favorable: When a score of 19 to 24 points is obtained.
- Moderately Favorable: When a score of 12 to 18 points is obtained.
- Unfavorable: When a score of 6 to 11 points is obtained.

**B. Material, human and financial resources**

- PCHE evaluation instrument modified to 30 items.
- Participation of nursing staff in the surgical area.

**RESULTS**

The present study was applied to 359 patients who were surgically treated by the ambulatory surgery area of the Naval Medical Center during the months of June to November 2018, then the statistical results:

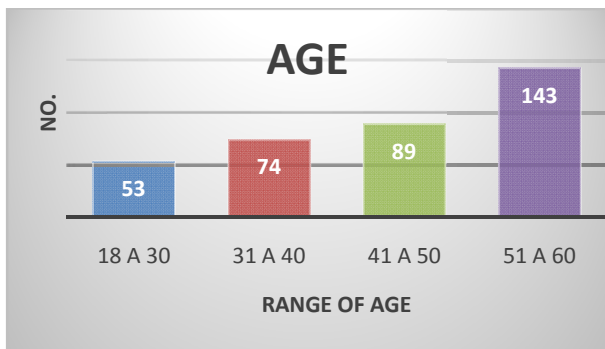
**1. Sociodemographic data**

**A) Population by age**

**Table 1 Age ranges of the 359 patients who attended the outpatient surgery service and had the inclusion criteria**

Range of age	N	%
18 A 30	53	15%
31 A 40	74	20%
41 A 50	89	25%
51 A 60	143	40%

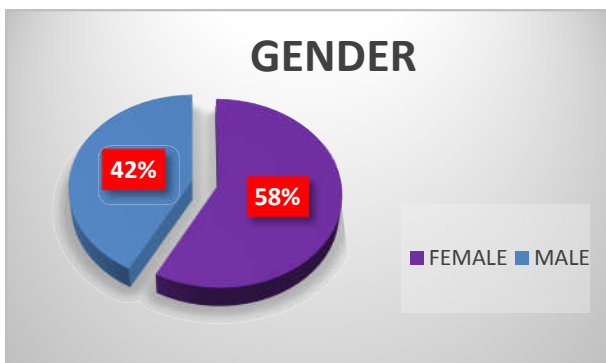
Source: data collection of patients from the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018.



**Graph 1.** Of the total population, 359 patients scheduled for ambulatory surgery from June to November were obtained, grouped into ranges of ages of which 40% is equivalent to 143 patients in an age range of 51 to 60 years. The 25% is equivalent to 89 patients in an age range of 41 to 50 years, within the age range of 31 to 40 years 74 patients were obtained which is equivalent to 20%, and 15% of the total population belongs to the Age group of 18 to 30 years with a total of 53 patients. So we can see that most patients who underwent outpatient surgery belong to the age group of 51 to 60 years

**B) Population by Gender**

Sociodemographic characteristics of patients by gender of the ambulatory surgery service of the Naval Medical Center.



Source: data collection service patients Ambulatory Surgical Medical Center Naval, June to November 2018.

**Graph 2.** This graph shows the percentage of the population obtained where the predominant group is female with 58% of the total that equals 208 patients and 42% male gender equivalent to 151 patients scheduled for outpatient surgery

**C) Population by marital status**

**Table 3. Sociodemographic characteristics of the patients by marital status of the ambulatory surgery service of the Naval Medical Center**

State civil	N	%
Single	12	3%
Married	313	87%
Divorced	32	9%
Widowed	2	1%

Source: data collection of patients from the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018

The following graph shows that 87% (313) of the patients are married marital status, 9 % (32) are divorced, 3% (12) belong to single patients and 1% (2) are widowed.

**D) Population by schooling**

**Table 4. sociodemographic characteristics of the patients by degree of education of the ambulatory surgery service of the Naval Medical Center**

Education	N	%
Primary	5	1%
Secondary	10	3%
Preparatory	51	14%
Stroke technical	221	62%
Licenciatura	71	20%

Source: data collection of patients from the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018

It is observed that the academic level of most of the patients who underwent outpatient surgery are of a technical career in a 62% (221), 20% (71) at the undergraduate level, 14% (51) have a high school, 3% (10) have completed high school, and 1% (5) have at least a primary level.

**E) Population by category**

**Table 5. Sociodemographic characteristics of patients by category of rightful, active military and military retired ambulatory surgery service Naval Medical Center**

Category	N	%
Derechohabiente	212	59%
Military in active	123	34%
Military withdrawn	24	7%

Source: data collection of patients from the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018

Within the graphic category it can be seen that the population that attended the most outpatient surgery is entitled to 59% (212), 34% (123) are patients who are in active service and 7% (24) are retired military.

**F) Surgeries performed by service**

**Table 6. Surgeries performed by patients who attend the outpatient surgery service of the Naval Medical Center**

Service	N	%
General surgery	59	17%
Ophthalmology	64	18%
Urology	11	11%
Otorhinolaryngology	62	17%
Traumatology and orthopedics	26	7%
Gastroenterology	112	31%
Clinical pain	7	2%
Plastic surgery	13	4%
Broncoscopy	5	1%

Source: data collection of the Patients of the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018

It can be seen that the service for which there are more surgeries scheduled for outpatient surgery in the period from June to November is gastroenterology with a total of 112 (31%) surgeries, 64 (18%) surgeries belong to the ophthalmology service, 62 (17%) to otorhinolaryngology and 59 (16%) to general surgery.

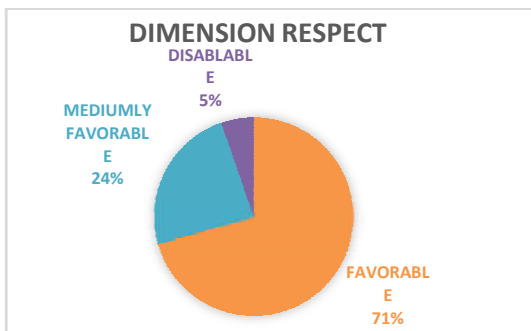
**Application of instrument:**The instrument was applied perception of humanized nursing care in the surgical patient that consists of 30 items to 359 patients who were operated surgically by the outpatient surgery area of the Naval Medical Center during the months of June to November 2018, then, the statistical results:

**A.Dimension respect**

**Table 7. Perception of the ambulatory surgical patient on the humanized treatment that the nursing personnel jump in the respect dimension**

Dimension respect	N	%
Favorable	253	71%
Mediumly favorable	87	24%
Disabable	19	5%

Source: PCHE instrument applied to patients of the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018.



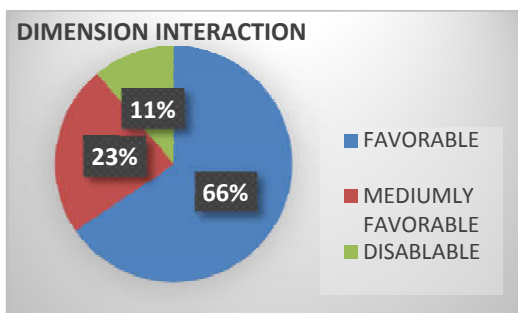
**Graph 7. About the perception of the patient Surgical ambulatory care on humanized according to the respect dimension provided by the nursing staff of 100% has a favorable perception in 71%, 24% moderately favorable and 5% unfavorable.**

**B. Dimension interaction**

**Table 8. perception of the outpatient surgical patient on the humanized treatment that nurses jump in the interaction dimension**

Dimension interaction	N	%
Favorable	235	66%
Mediumly favorable	84	23%
Disabable	40	11%

Source: PCHE instrument applied to patients in the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018.



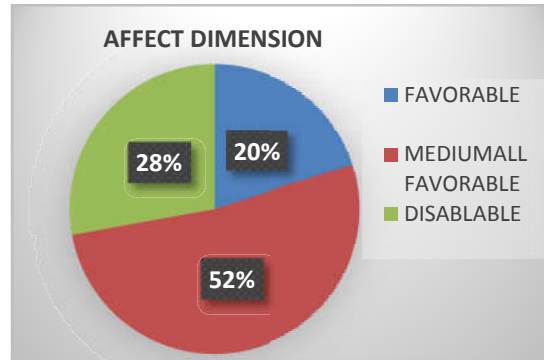
**Graph 8. Within the interaction dimension the 66% of patients report favorable treatment, 23% perceive it as fairly favorable and 11% as unfavorable**

**C) Affect Dimension**

**Table 9. perception of the outpatient surgical patient on the humanized treatment of the nursing staff in the affected Dimension**

Dimension affect	N	%
Favorable	72	20%
Mediumally favorable	187	52%
Disabable	100	28%

Source: PCHE instrument applied to patients in the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018.



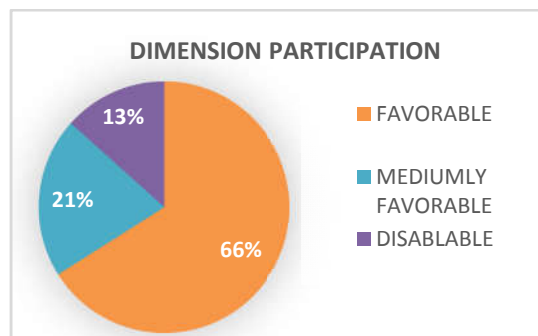
**Graph 9. In the affect dimension of the total of the population to which the instrument was applied, he perceives a humanized care of 52% moderately favorable, 28% perceives it unfavorably and 20% favorable.**

**C) Dimension participation**

**Table 10. perception of the outpatient surgical patient on the humanized treatment of the nursing staff in the participation dimension**

Dimension participation	N	%
Favorable	237	66%
Mediumly favorable	74	21%
Disabable	48	13%

Source: PCHE instrument applied to the patients of the Ambulatory Surgery Service of the Naval Medical Center, June to November 2018.



**Graphic 10. About the perception that the patient has about the participation dimension of the nursing personnel of the ambulatory surgical area. % favorable, 21% refer it as moderately favorable and 13% not favorable.**

**DISCUSSION**

The nursing professional must be sensitive and maintain a critical and reflective attitude towards the integral reality of the human being and his rights, making his daily practice a favorable medium for the investigation and application of theoretical models, which feed a care with quality, warmth and human sensitivity, allowing this to grow as a person and professional, generating a transformative impact for



themselves, in health institutions. Therefore, it can be deduced that the ambulatory surgical patient's perception of the humanized care provided by the nursing staff according to the Respect dimension provided by the nursing staff in the operating room mostly has a favorable perception that the nursing staff The nurse calls him by his name when entering the operating room, followed by a significant percentage that he perceives as fairly favorable, referred to the nursing staff, allowed him to express feelings about his illness and treatment; I take care of him and protect his modesty at all times, he showed respect to his feelings, beliefs and values, and a significant minimum percentages he perceives unfavorable given that the nursing staff treated the patient with some nickname, which may affect the humanized care provided the nursing professional, the surgical patient and his family, impacting on the quality of nursing care. The perception of the patient in the interaction dimension provided by the nursing staff mostly have a favorable perception, referring to the fact that the nursing staff was placed in the condition of patient, because I dedicate enough time to clarify their doubts and concerns, moderately favorable because it was shown with kindness and courtesy at the time of patient care, was identified with his name on admission, followed by a significant percentage perceived unfavorable referred to the nursing staff showed a tense and cold treatment, that is why It is necessary for the nurse to strengthen this area that is vulnerable and critical, in order to strengthen the relationship of trust so that the patient freely expresses their feelings for an effective interaction.

According to the dimension of affection provided by the nursing staff in the ambulatory surgical area, most of them have a fairly favorable perception of the fact that the nursing staff does not offer encouragement when they do not shake hands; the favorable referred to that I confirm your data with the identification bracelet; it is directed at all times to the care of their person, made him feel safe and protected, and a significant percentage perceives it unfavorable given that the nursing staff expressed disinterest and annoyance at the time of attending me, which can negatively affect humanized care and in the quality of nursing care provided to the patient and his family, since the nurse is the first psychological support that the patient has who through a hug, a gesture, a word provides protection and security. Regarding the perception of the outpatient surgical patient on humanized care according to the dimension Participation provided by the nursing staff, most of them have a favorable perception, referring to the fact that the nursing staff explained what activities were performed in the operating room , moderately favorable referred to that I educate on the care to be done at home, on the administration of their medicines, and answered my doubts and concerns and a significant percentage perceives it unfavorable given that I neglect to motivate and encourage to take care of my health, being worrisome, Therefore, the nurse must guide the patient to participate in their own self-care and thereby improve their quality of life.

### Conclusion

- Regarding the sociodemographic characterization, the majority of users were of upper secondary education due to their technical career, the age of 51 to 60 years prevails, with predominance of females, married and of the rightful beneficiary category.

- The service that has the largest number of surgeries per day scheduled by the ambulatory surgery area is the gastroenterology service followed by ophthalmology and general surgery.
- The perception of the outpatient surgical patient on the humanized care provided by the nursing staff is mostly favorable because the nursing staff explained to the patient the activities they performed in the operating room, because they were placed in the patient's condition, a minimum percentage show a fairly favorable perception given by the nursing staff showed kindness and courtesy at the time of patient care, confirm the patient's data with the identification bracelet followed by a significant minimum percentage of patients who have a perception unfavorable that is evidenced because the nursing staff attended the patient with some nickname.
- Of the 4 dimensions, the ambulatory surgical patient's perception of humanized care according to the affected dimension stands out because most of them have a fairly favorable perception of the fact that the nursing staff does not offer encouragement when they do not shake their hand; how favorable I confirm your data with the identification bracelet; it is directed at all times to the care of their person, made him feel safe and protected, and a significant percentage perceives it unfavorable given that the nursing staff expressed disinterest and annoyance at the time of attending me, which can negatively affect humanized care and in the quality of nursing care provided to the patient and his family, since the nurse is the first psychological support that the patient has who through a hug, a gesture, a word provides protection and security.

### Perspectives and recommendations

- It is recommended to the Naval Medical Center to socialize to the personnel of the surgical area, the results obtained in the investigation with the purpose of motivating and recognizing the health personnel for the humanized attention they provide to their patients.
- Carry out research around assessing patient satisfaction according to their human needs in the operating room.
- Strengthen the education provided to users, about rights and duties, emphasizing the humanized attention they should receive.
- The application of strategies that improve nursing care within the Naval Medical Center

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