

# Patient Family Perceptions of Nursing Staff's Humanized Care: Systematic Review

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**Abstract:-** The perception of family members and hospitalized patients regarding humane care is manifested through the opinion they express. It is important to know this perception in order to capture the fears, uncertainties, sadness or other emotions that society has in order for the nursing staff to recognize this aspect and assume a humanitarian and empathetic role.

**Objective:** To conduct a documentary review of the perception of family members and hospitalized patients regarding the humanized care provided by the nursing staff.

**Methodology:** Systematic review of articles and scientific literature of specific interest. The databases included in this review were Web of Science, Scopus, Scielo and some bibliographies for data collection. More than one language was found in the articles included in the study. The publications used comprised the last 7 years of production.

**Results:** A total of 17 articles were obtained and included in this review which were analyzed in full text.

**Conclusions:** Providing dignified and humanized care leads to the satisfaction of the family member and the personnel who provide it. Therefore, the opinion of the patient and family should be known to achieve this goal.

**Keywords:-** Care, Nursing, Humanized, Perception.

## I. INTRODUCTION

The human being by characteristics manifests the need for humanized care in all the relationships in which he/she develops, including nursing. The review that will be given in this study is to recognize the adequate care that the user needs.

A valuable term is humanization, which has been used in different evaluations on the quality of health services as well as in research carried out in the last decade with the purpose of measuring the quality of a product, in this case a service. In addition, different methods and instruments have been used to know the patient's and family's perception of nursing care, which has led to the generation of new ideas, practical solutions and advances in science.

With the passage of time, scientific and technological updates in the field of health have developed by leaps and

bounds, and the results obtained are considered very valuable. On the other hand, patient care as a human being has not been prioritized and values, principles and rights have been left aside due to the problems of development. This dehumanization of the patient and his family has affected the quality, dignity and respect for life (1).

At the international level, the World Health Organization (WHO) encourages health care workers to be trained in a permanent and comprehensive manner in order to comply with the protection of the natural right of each person, the right to dignified treatment, and also declares that "humanization is a process of communication and mutual support between people, directed towards the transformation and understanding of the essential spirit of life"(2), so that humanized care should be given not only to the sick but to all types of people with or without morbidity.

The Ministry of Health of the Republic of Ecuador (3) in the National Plan for Good Living 2017 - 2021, raises as the first axis the position of the human being as a subject of rights throughout the life cycle and recognizes each person as a holder of rights in their own conditions. It affirms that the state must act, respect, protect and watch over the rights of people established within the Ecuadorian territory in order to improve the quality of care in public institutions and organizations. Therefore, at the national level it strives to provide special attention to the issue of humanized care as a right.

Humanism means to have a more humane character that constitutes a moralistic commitment to the recognition of the integrity of the human being as well as the provision of care with dignity to the patient in need.

Therefore, it is important for health institutions and personnel to identify the perception of the relatives of hospitalized patients with respect to humanized care, as expressed by their opinions.

This work deals with humanized care, being transcendental to know this perception in order to capture the fears, uncertainties, anguish or other feelings that parents and patients have towards the nursing staff and thus the health personnel will be able to assume a humanitarian role enriching the health care, showing efficiency in the service.

### Problem statement

"Caring is a discipline characterized by being independent from the other health branches with which it works in an integrated manner, becoming the primary link in any health institution" (4). That is why the nursing staff has the challenge of developing and maintaining a care based on the interpersonal relationship that leads to its humanization. During professional training, the consideration of the patient as a human being is emphasized, but in practice this coherence fades or does not occur.

In this sense, it is common to find in daily practice situations where the human being requiring care becomes "the one in bed 5", "history 234", "number 23", etc., instead of being recognized by name followed by the diagnosis presented or the care needed. Prieto mentions that "by nominating the person by a number we individualize him/her, but at the same time we depersonalize him/her and by depersonalizing, we dehumanize" (4).

Several studies have been carried out on the description of humanized care, either by the patient or by a family member. A study carried out in Murcia, Spain called "Perception of the accompanying family member regarding nursing care in hospitalization", found 23.5% dissatisfaction regarding nursing care (5). On the other hand, another study carried out by Bautista, Arias and Carreño found that the perception of family members is 80% favorable with respect to nursing care (6).

From this, the importance of studying the perception of family members who receive health care on the treatment received is emphasized. This will allow nursing professionals to examine the points that can be adjusted and improved in order to strengthen nurse-patient relationships, professional identity and achieve the humanization of health personnel.

Through the analysis of scientific documents, the aim is to know the perception of the recipients of care in the different health facilities about the humanized care provided by the nursing staff. It is expected that the information obtained can serve as a basis for understanding the environment in order to create strategies aimed at achieving comprehensive humanized care.

### Research question

The following research question is intended to be answered: What is the perception of patients' relatives about the humanized care provided by nursing personnel?

The essence of nursing is care, which should be constituted by multidimensional actions in order to protect and preserve humanity by helping the family to find the meaning of the disease, making them feel that we really care about them (7).

The work of nursing is to ensure the internal and external well-being of the patient, which is known as holistic care. For Cabal (8), the concept of nursing has been evolving with the main objective of demonstrating that, in

addition to being an occupation based on practical experience, empirical knowledge and knowledge acquired in its training, it is a "discipline with its own being, knowledge and work".

The nursing care to the human being must have an excellent and authentic quality, promoting mental and physical health, generating processes of self-knowledge. The characteristic of nursing is that it is scientific, academic and clinical and it is also very important that its actions are humanitarian and moral (9).

The nurse by acquiring knowledge with willpower can provide a dignified care to the patient, thus having an impact on health recovery and satisfaction of the society.

### Care and its elements

Caring according to Watson quoted by Urra, Jana, García (10), is a vital part of "being and is the most primitive act that a human being performs to effectively become, this being, is a being in relation to another who invokes it". Humanized care is the essence of nursing work.

In order to provide humanized care, the nurse's commitment must be considered and this element cannot be separated from the other part, which is the scientific-technological aspect. Therefore, nursing care must be committed to the updating of new techniques, methods, skills, abilities and plans, which will help us to develop communication and constant research according to the area of professional performance (11).

Jean Watson describes that caring is essentially a human, moral, ethical, phenomenological and spiritual action. Thus, nursing itself must exercise this absolute performance of vocational sense with very solid bases in social and human values.

Care is an act that can be the competence of all health personnel, however, the nursing staff is the one who devotes more time, effort and dedication. Nurses are the ones who offer users of the health system all their technical and scientific knowledge acquired during their professional training, they strive to perform their work with quality, warmth, precision and professionalism. They treat the patient holistically, i.e., they consider the biological aspects as well as the patient's feelings, thoughts, habits and personal relationships (12).

A key instrument in the nurse-patient relationship is communication, which allows individualizing patient care to the patient's benefit (13).

### What is to humanize?

The Royal Academy of the Spanish Language (RAE) mentions that to humanize is "to make someone or something human, familiar and affable". In addition, Joven (14) refers that humanizing is the recognition of others as "ethical agents with the same hierarchy" and that the nurse caregiver has the professional and moral responsibility to

look after the most vulnerable, which implies respecting and strengthening their rights and authenticity as far as possible.

### **Humanized care**

Humanized health care refers to a group of practices aimed at providing quality care to people (15). These involve the patient being recognized as a unique and unrepeatable person who feels that he/she deserves to be listened to and understood. Watson, quoted by Joven (14), emphasizes care "capable of accessing aspects through the expression of feelings (positive and negative), which makes it easier for the patient to recognize his emotions, accept them or confront them; this generates empathy, sensitivity in the nurse-patient interaction and active listening".

Díaz points out that when people receive comprehensive care, which involves being listened to, understood and respected, they tend to comply better with the treatment. In accordance with the aforementioned, studies mention that people have a better recovery when there are personal relationships that favor emotional experiences. On the contrary, poor communication between the patient and the nurse caregiver can cause depression, anxiety, hopelessness, which could worsen their health or delay their recovery (16).

Some factors that weaken the quality of care are: on the one hand, little or almost no communication during the work of care, which represents neglecting the emotional and social part of the patient. On the other hand, routine and automatic care actions show that there is no integral treatment of the patient, but only the recovery of the body is considered and the human dimension is not taken into account (16).

### **Characteristics of humanized care**

In practice there is a great risk of dehumanization, since a number of circumstances such as work overload, technology, complex tasks and stress can lead to a complicated relationship between patient and caregiver. All these circumstances can lead to depersonalization and transgression of human rights (5).

With self-knowledge, strengths and weaknesses are identified in such a way that it will be more feasible to study strategies that will help to improve. Likewise, self-knowledge improves human relationships and orients the interrelation between what one feels, thinks and does.

Humanized care is characterized by having important elements such as values and ethical principles avoiding categorizing people either by their disease, social status or others since all people deserve respect. Therefore, through a communicative ethics between the nurse-patient relationship, quality treatment can be obtained.

In order to achieve quality care, it is important to promote ongoing training of health personnel and encourage education, since by acquiring updated knowledge, we will obtain a better vision of the reality in the quality of care received by the patient.

The home stay should also be seen as a humanized and innovative care in which it is not limited only to the patient but also to his or her family. The health care team has a very important role in home care, providing solutions to the family in the face of emotional difficulties and attending to the needs of the family members involved. In addition, consideration should be given to the dignified care provided out-of-hospital, with a staff that best guides the care of the patient at home, depending on the levels of complexity and morbidity. Therefore, a holistic assessment of the family member's situation and environment is necessary (17).

Although this scenario generates changes in the adaptation to provide home care, it means that the patient feels more at ease at home, but it also implies protection, since, unlike the hospital, there is a greater risk of nosocomial infections.

Humanization is to develop the incorporation of values in the profession and the patient. Therefore, the training of health personnel should be orderly, continuous and deep, assuming that in addition to restoring health and protecting life, it is an excellent therapeutic assistance (11).

### **Perception of care by the community**

The participants of a survey expressed in their answers that health care should be based on equity, without any kind of discrimination when it comes to children, the elderly and the poor.

They also refer to positive expressions such as: to have the security that they are in good hands; in the hands of people trained in the resolution of health problems; with a warm attention. And as a contrast, the negative: "they express that they are not attended quickly, sometimes half-heartedly, that they are deceived, they express that: they do not touch them and only send them painkillers and that their assessment is not thorough, and also that the doctors are shy to prescribe what they need because they do not have the proper authorization"(18).

They reveal their frustration at not knowing absolutely nothing about their child, saying that if they did know: the name of the doctor, the device used, what its function is, if I gain weight, if I am sleeping well, if someone would listen to what I am feeling or if the nurse will know me? With all these doubts, the relatives say that it is important to provide them with information, so that they will be better able to face the disease and the difficult moments. Likewise, there will be better continuity of care after discharge, through referral to basic health units (19).

These statements were made by people who have a medium to medium-low level of education and who receive health care in a health center.

The discernment of the participants is very variable with respect to the right to health, this study gives us the perception of the people and directs us to an effective action in front of a health care. It is important to listen to the voices

of the citizens directly in order to provide a better human understanding of their health situations.

**General objective**

To carry out a documentary review on the perception that relatives and patients have of the humanized care provided by the nursing staff in order to optimize care.

**Specific objectives**

- Analyze situations that help us in the improvement of the humanized care provided to the patient and family by means of a reasoned review.
- Determine what are the essential elements for humanized care through the selection of topics of interest.
- To know the perception of the family member regarding humanized care through bibliographic research.

**II. METHODOLOGY**

This systematic review study analyzes and synthesizes relevant topics on care and humanization as perceived by patients receiving health care.

This review article developed on the basis of a qualitative and interpretative research methodological approach, and was able to compile documentation based on nursing with a focus on humanized care.

The compilation was carried out in the following databases: Web of Science, Scopus, the virtual library, Scielo and some bibliographies, considering the collection of data from the last seven years.

The search used the terms DeCs and Mesh for the following keywords: Care, Nursing, Humanized, Perception, both in English and Spanish. Likewise, Boléan connectors such as and, or and not were used to continue with the research.

Immediately after the elaborated research, results emerged, which were approximately 92 scientific documents, related to selected patterns, subsequently the

data was submitted to evaluation, obtaining 61 examined documents.

After an absolute inquiry and synthesizing the material found, 20 proven documents presenting the search patterns were found.

Within the inclusion criteria, the sections related to the key words and the one that had a focus on the question of the article were taken into account, in addition, original topics with more than one language were included, which include from the year 2013 to 2020.

The exclusion criteria were elements that were not related to the topic of study and the years of publication exceeded 10 years. A bibliographic reference manager was used to synthesize duplicated documentation and to store and organize the documents. The administrator as document reader supported the scientific reading to make it clear and understandable.

**Procedure phases of the research**

In the first screening, a search of the topic of interest was carried out, finding 92 records and subsequently selecting 61 of them, with respect to the rejection criteria, sources were taken into account if the language was in German or Chinese or sources that did not have an abstract and were not reliable.

In the second screening, a full-text reading of the 20 previously selected texts was carried out with the following rejection criteria: and finally, in the third screening, 17 documents were selected.

**III. RESULTED**

In the search for the article under review, a total of 92 article results were found. After evaluating and excluding articles, 17 articles were finally analyzed and included in this review.

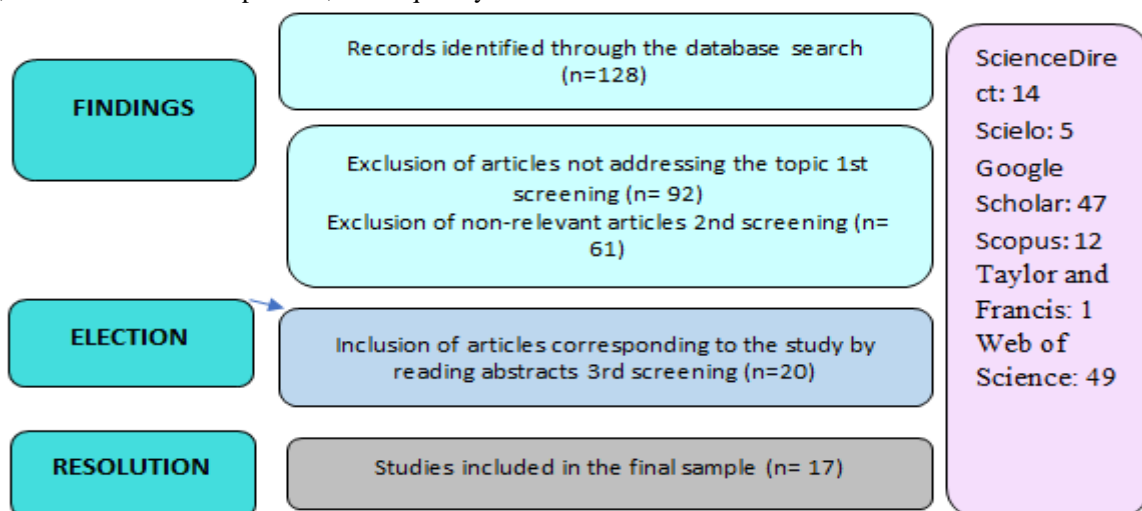


Figure 1. Flow chart of study selection.

Table 1. Selected articles

Name of the study	Author	Yers	Country	Magazine	Type of study	Elements
Humanization of health services in Iberoamerica: a systematic literature review	Milena D, Benavides G, Villalobos V, et al.	2019	Colombia	Person and bioethics.	Qualitative, descriptive, systematic, phenomenological.	Population of Latin America, Brazil, Colombia, Chile and Peru.
The management of humanized nursing care in the digital age	Vidal NV.	2019	Cuba	Cuban Journal.	Scientific, systematic, documentary	Informatics as an instrument in the management of humanized care.
National Plan for Good Living	Republic of Ecuador National Planning Council.	2017	Ecuador	República del Ecuador Consejo Nacional de Planificacion.	Scientific, systematic, documentary.	Rights and protection of the most vulnerable people.
Nursing view: evolution, art, discipline, science and profession.	Guía-Yanes MA.	2019	Venezuela	Rev Salud VIVE.	Qualitative, descriptive, systematic.	Nursing as a discipline, a link in the health institution.
Perception of the accompanying family member regarding nursing care in hospitalization.	Ramos Frausto VM, Rico Venegas RM, Vazquez Armendariz G.	2012	Mexico	Nursing Glob.	Descriptive, prospective, cross-sectional.	The perception of the relative before a care reflects the degree of satisfaction.
Perception of family members of critically ill hospitalized patients regarding communication and emotional support.	M. Rodríguez, L. Velandia, M. Leiva ZL.	2016	Colombia	Cuid Journal.	Quantitative, descriptive, cross-sectional.	Characteristics of humanized care: empathy, communication, affection and tact.
Humanized care: a challenge for the nursing professional.	Prías H.	2017	Colombia	REVISALUD Unisucre.	Descriptive, systematic.	Nursing as a conscious, loving, responsible, free and transcendental act.
Nursing as a discipline.	Cabal E, Guarnizo M.	2016	Colombia	Abstracto Hospital Manag Stud.	Scientific, descriptive.	Nursing care as a discipline in patient care.
The nature of humanized care.	Riveros C.	2020	Chile	School of Nursing, Universidad Santo Tomás.	Qualitative, descriptive, systematic.	Reflection of humanized nursing care in its performance.
Nursing Praxis: A Vocation with an Axiological and Humanistic Sense.	Hernández R.	2018	Venezuela	Sci Journal.	Qualitative, descriptive, systematic, phenomenological.	Article of transformation of the health team in the professional nursing praxis.
The critical patient's perception of humanized nursing care behaviors.	J. Milena SP	2019	Colombia	Av Enferm.	Quantitative, descriptive, descriptive, systematic, phenomenological.	Nursing care in ICU in patients from 18 to 70 years old.
Humanizing medicine: a conceptual and attitudinal challenge.	Rueda Castro L, Gubert IC, Duro EA, Cudeiro P, Sotomayor MA, Benites Estupiñan EM, et al.	2018	Chile, Guatemala, Brazil, Argentina, Peru, Ecuador.	Iberoamerican Journal of Bioethics.	Descriptive, systematic, phenomenological.	Article to improve the relationship between patient safety and health services management.



Formative orientations for humanized nursing care: an integrative review of the literature.	Diaz M, Alcántara L, Aguilar D, Puertas E, Cano M, Fogaça NJ, Carvalho de Carvalho, et al.	2020	Spain	Global Nursing.	Descriptive, descriptive, systematic, phenomenological literature review study.	Interpersonal relationships such as communication are the most essential elements for comprehensive care.
Perceptions and feelings of the family member/caregiver expressed before the patient on home care.	Fogaça NJ, Carvalho MM, Montefusco RA.	2015	Brazil	Journal of Rede Enferm do Nord.	Descriptive, descriptive, qualitative literature review study.	Analysis of perceptions of 14 families in relation to the patient in relation to home care.
Perception of families on reception in the neonatal context during an intervention process / Percepção das famílias sobre o acolhimento no contexto neonatal durante um processo de intervenção.	Soares LG, Soares LG, Decesário DN, Higarashi IH.	2019	Brazil	Pesqui Cuid é Fundam Online Journal.	Quantitative, descriptive, descriptive, systematic, phenomenological.	Understanding of the family's needs with the use of a semi-structured instrument on humanized care.
Y.Nursing situation: towards a holistic care.	Contreras A, Rodriguez K, Martinez Navarro A, Cabrera I.	2018	Colombia	Cultura del Cuidado Nursing Journal	Narrative	Article analyzes the hospital nursing situation in which the nursing knowledge patterns proposed by Carper and the meta-paradigmatic concepts are identified in the light of the Self-Care Deficit Theory theory.
Communication and empathy: influential factors in the dehumanization of ICU care. Hospital del Sur, Polyclinic San José.	Navarro A, Cabrera I.	2019	España	Biblioteca Lascasas	Búsqueda bibliográfica	La deshumanización de los cuidados de enfermería en la actualidad es una cuestión en que inquieta a los profesionales sanitarios en esta época.

#### IV. DISCUSSION

The feelings of the family as well as the patient are reflected in this study, the caregiver's efforts to characterize his work with love, empathy and compassion in those difficult moments when the patient's illness exhausts him and depresses him, especially if he is isolated due to his illness condition, at those moments he needs someone who understands and listens to him.

The findings of the research show that health personnel, especially nurses, care with kindness, which is reflected in studies based on scientific methods and the implementation of validated instruments. It can be assessed that nursing encompasses an emotional, general and spiritual care in good percentage showing interest, perceiving their impressions and showing a welcoming quality as individualized.

The families of the patients in this study perceive that they are cared for with dignity and respect, but consider that the nurse should continue training so that the routine does not dominate the humanized care. This will have an impact on mutual satisfaction and will reduce health problems such as professional burnout.

#### V. CONCLUSIONS

In this research it is perceived that there is a humanized care that is being affected by the routine and systematization, reducing considerably the attention and integral care as personified to the patient.

Knowing what affects the development of good care, it will be possible to modify the actions and prepare adequately in the right field. In order not to lose the essence

that characterizes the humanistic nurse. It is expected that the information obtained can serve as a basis for understanding the patient's environment and encourage effective communication.

## REFERENCES

- [1]. Milena D, Benavides G, Villalobos V, et al. Humanization of health services in Ibero-America: a systematic review of the literature [Internet] 2019 [cited 20 Jan 20, 2021];2(23):245-262 Available from: <https://www.redalyc.org/jatsRepo/832/83263857006/html/index.html>
- [2]. Vidal NV. The management of humanized nursing care in the digital age | La gestión del cuidado humanizado de enfermería en la era digital. Rev Cubana [Internet] 2019 [cited January 4, 2021];35(4):1-11 Available from: <http://revenfermeria.sld.cu/index.php/enf/article/view/3059/520>
- [3]. Republic of Ecuador National Planning Council . Plan Nacional para el Buen Vivir 2017-2021 [Internet] 2017 [cited January 10, 2021];1(2):1-159 Available from: <https://www.planificacion.gob.ec>
- [4]. Guide-Yanes MA. Nursing view: evolution, art, discipline, science and profession. Journal of Health lives [Internet]. 2019 [cited 2021 February 1];2(4):33-41. Available from: <https://revistavive.org/index.php/revistavive/article/view/22/30>
- [5]. Ramos V, Rico R, Vazquez G. Perception of the accompanying family member regarding inpatient nursing care. Global Nursing. [Internet] 2012 [cited 2020 December 18];11(1):219-32. Available from: <https://revistas.um.es/eglobal/article/view/eglobal.11.1.140461/128451>
- [6]. Rodríguez M, Velandia L, Leiva M. Perception of relatives of hospitalized critically ill patients regarding communication and emotional support. Cuid Journal [Internet]. 2016 [cited 2021 January 18];7:1297-309. Available from: <http://dx.doi.org/10.15649/cuidarte.v7i2.330>
- [7]. Prías H. Humanized care: a challenge for the nursing professional. Revisalud Unisucre [Internet]. 2017 [cited 2021 February 17];3(1):26-30. Available from: <https://revistas.unisucre.edu.co/index.php/revisalud/article/view/575/620>
- [8]. Cabal E, Guarnizo M. Nursing as a discipline. Abstracts of hospital management studies [Internet]. 2016 [cited 2021 Jan 1];9(1). Available from: <https://revistas.unbosque.edu.co/index.php/RCE/article/view/1436/1042>
- [9]. Poblete M, Valenzuela S. Humanized care: a challenge for nurses in hospital services. Acta Paul Enferm. 2007 [cited 2021 January 17];20(4):499-503. Available from: <https://www.scielo.br/pdf/ape/v20n4/18.pdf>
- [10]. Riveros C. The nature of humanized care. School of Nursing, Universidad Santo Tomás. Chile [Internet]. 2020 [cited 2021 Feb 1];1:21-32. Available from: <https://doi.org/10.22235/ech.v9i1.2146>
- [11]. Ortega H, Eliut R. Nursing Praxis: A Vocation with Axiological and Humanistic Sense. Scientific Journal. [Internet]2018[cited 17 March 2021];3(9):348-61. Available from: [http://www.indteca.com/ojs/index.php/Revista\\_Scientific/article/view/243](http://www.indteca.com/ojs/index.php/Revista_Scientific/article/view/243)
- [12]. Contreras A, Rodríguez K, Martínez Y. Nursing situation: towards a holistic care. Culture of Care [Internet]. 2018 [cited 2021 February 1];14(2):25-34. Available from: <https://revistas.unilibre.edu.co/index.php/cultura/articulo/view/4612/3923>
- [13]. Navarro A, Cabrera I. Communication and empathy: influential factors in the dehumanization of ICU care. Hospital del Sur, Policlínica San José [Internet]. 2019 [cited 2021 January 1];15(Thesis):1-45. Available from: <https://ciberindex.com/index.php/lc/article/view/e12484/e12484>
- [14]. Milena J, Parada S. Critical patient perception of humanized nursing care behaviors. Research article [Internet]. 2019 [cited 2021 January 17];1(37):65-74. Available from: <https://doi.org/10.15446/av.enferm.v37n1.65646>
- [15]. Rueda L, Gubert I, Duro E, Cudeiro P, Sotomayor M, Benites E, et al. Humanizing medicine: a conceptual and attitudinal challenge. Iberoamerican Journal Bioethics. 2018[cited 2020 Decemdre 2];(8):01-15. Available from: <https://revistas.comillas.edu/index.php/bioetica- revista-iberoamericana/articulo/view/8912>
- [16]. Diaz M, Alcántara L, Aguilar D, Puertas E, Cano M. Formative orientations for humanized care in nursing: an integrative review of the literature. Global Nursing [Internet]. 2020 Mar 15 [cited 2021 Jan 18];19(2):640-72. Available from: <https://revistas.um.es/eglobal/article/view/392321>
- [17]. Fogaça N, Carvalho M, Montefusco S. Perceptions and feelings of the family member/caregiver expressed to the patient in home care. Rev da Rede Enferm do Nord. [Internet].2015 [cited January 18 2021];16(6):848. Available from: <http://periodicos.ufc.br/rene/article/view/2875/2237>
- [18]. Rengifo A, García D, Lina, Franco R. Perception of the right to health. [Internet].2013 [cited 2 January 2021];8(1):80-99. Available from: <https://www.redalyc.org/pdf/5859/585961837007.pdf>
- [19]. Soares L, Soares L, Higarashi M. Perception of families on reception in the neonatal context during an intervention process / Perception of families on reception in the neonatal context during an intervention process, Revista Pesqui Cuid é Fundam Online. [Internet].2019 [cited 2 Enero 2021]; 11(1):147: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/6577>