COMPREHENSIVE AND HUMANE CARE IN HOSPITAL HEALTHCARE: A REFLECTIVE STUDY IN LIGHT OF THE HUMAN SCIENCES

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Abstract: Comprehensive and humane care is one of the main challenges of contemporary hospital care, especially given the increasing complexity of health services and the intensification of technological incorporation in care processes. Although scientific advances have significantly expanded the diagnostic and therapeutic capacity of hospital institutions, there is a need to strengthen approaches

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that recognize the person beyond the disease, valuing their biological, psychological, social, cultural, and ethical dimensions. This study aimed to reflect on the foundations of comprehensive and humane care in hospital care in light of the Human Sciences. This is a reflective study based on a critical analysis of contemporary scientific literature on the humanization of care, person-centered care, and the contributions of the Human Sciences to the qualification of care practices. The reflections show that humanization goes beyond the adoption of welcoming practices, constituting an ethical and relational perspective that integrates technical-scientific competence, therapeutic communication, respect for autonomy, recognition of vulnerability, and valuing human dignity. It is concluded that the articulation between the frameworks of Health Sciences and Human Sciences strengthens the construction of more comprehensive, humanized, and person-centered hospital practices, contributing to ethical, effective care committed to quality of care.

Keywords: Humanization of care; Hospital care; Patient-centered care; Comprehensive health care; Human Sciences.

INTRODUCTION

The scientific and technological advances achieved in recent decades have profoundly transformed hospital care, expanding diagnostic, therapeutic and clinical monitoring capacity, in addition to contributing to important reductions in morbidity and mortality in different health conditions. However, the same process that increased the technical-scientific complexity of hospital services also favored, in many contexts, the consolidation of care models strongly centered on the disease, procedures and the incorporation of technologies, sometimes reducing the space allocated to the subjective, relational and existential dimensions that permeate the disease process. As a consequence, patients and family members often experience experiences marked by feelings of vulnerability, loss of autonomy, isolation, insecurity, and depersonalization of care, showing that technical excellence, although indispensable, is not enough to guarantee truly comprehensive and humanized care (Kvande

et al., 2022; Allande-Cussó et al., 2025).

In this scenario, the humanization of care emerges as an ethical, scientific, and organizational response to the limitations of the traditional biomedical model. More than an administrative guideline or a set of practices aimed at welcoming, humanization represents a paradigmatic change in the way of understanding health care, shifting the exclusive focus from the disease to the person as a whole. This perspective recognizes that the health-disease process involves biological, psychological, social, cultural, spiritual, and relational dimensions, requiring approaches that value the uniqueness of individuals, respect their autonomy, and promote therapeutic relationships based on listening, dialogue, empathy, and the recognition of human dignity (Allande-Cussó et al., 2025; Meneses-La-Riva; Suyo-Vega; Fernández-Bedoya, 2021).

Contemporary literature demonstrates that humanized care transcends the direct relationship between professional and patient, also involving structural, organizational and cultural aspects of health institutions. Healthy work environments, adequate dimensioning of professionals, participatory leadership, effective communication, patient safety, and valuing teams are essential elements for humanization to be incorporated into the daily routine of hospital services. Thus, comprehensive care is understood as the result of the interaction between institutional conditions, technical-scientific competence, and the quality of the relationships established between patients, family members, and health professionals, reinforcing that humanization depends both on the organization of services and on the attitudes and values that guide care practices (Allande-Cussó et al., 2025).

This conceptual transformation finds solid support in the humanistic theories of care developed in the field of Nursing and Human Sciences. Authors such as Jean Watson, Paterson and Zderad, as well as contemporary models centered on the person, argue that care goes beyond the execution of technical procedures, constituting a relational, ethical and existential experience, in which professional and patient establish bonds capable of favoring not only clinical recovery, but also the strengthening of autonomy, hope, trust and the meaning attributed to the experience of illness. From this perspective, care comes to be understood as a moral practice that recognizes the person in

his or her uniqueness, respects his or her values, beliefs, and life projects, and promotes interventions compatible with his or her integral needs (Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022; Meneses-La-Riva; Suyo-Vega; Fernández-Bedoya, 2021).

At the same time, the Human Sciences offer important references to broaden the understanding of hospital care by recognizing that the disease does not represent only a biological event, but an experience deeply marked by cultural, historical, social, emotional and ethical aspects. Anthropology, philosophy, psychology, sociology and bioethics contribute to understanding the patient as a subject of rights, bearer of a history, relationships and values that influence the way they experience illness and interact with health services. From this perspective, concepts such as vulnerability, otherness, dignity, responsibility and recognition become fundamental to guide care practices capable of responding to the concrete needs of people in situations of suffering. Thus, comprehensive care is no longer understood only as an expansion of the clinical dimensions of care to assume a relational perspective, in which accompaniment, presence, and ethical commitment come to occupy a central place in professional practice (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

Another aspect widely discussed in the literature refers to the incorporation of the patient's perspective in the evaluation of care quality. Studies show that users' perception of welcoming, communication, respect, participation in decisions, professional competence and continuity of care is an important indicator of the quality of hospital services. Patients who perceive care as personalized, respectful, and centered on their needs have higher levels of satisfaction, greater adherence to treatments, better relationships with health teams, and more favorable clinical outcomes. These findings reinforce that the quality of care cannot be evaluated exclusively by technical or managerial indicators, but must incorporate the experience lived by people throughout the hospitalization process (Al-Jabri; Turunen; Kvist, 2021).

In this context, it is necessary to deepen the reflection on the foundations that sustain comprehensive and human care in hospital care, especially in the face of the challenges imposed by the growing technification of services, the complexity of care processes and changes in the health

needs of the population. More than discussing operational strategies for humanization, it is necessary to understand the anthropological, ethical, and relational assumptions that give meaning to health care and that allow the recovery of the centrality of the person in the hospital context. Thus, this reflective study aims to analyze comprehensive and human care in hospital care in the light of the Human Sciences, discussing the theoretical foundations that support the humanization of care, the centrality of the person and the contributions of humanistic approaches to the qualification of care practices.

DEVELOPMENT

THE BIOMEDICAL PARADIGM AND THE CHALLENGES OF HUMANIZING HOSPITAL CARE

Throughout history, the hospital has consolidated itself as a privileged space for the incorporation of scientific and technological advances in health care. The evolution of diagnostic methods, drug therapies, surgical techniques, and clinical monitoring systems has significantly expanded the capacity of hospital services to respond to acute and chronic conditions of high complexity. However, in parallel with the undeniable benefits produced by this technical-scientific development, challenges have emerged related to the preservation of the human dimension of care, especially in the face of the growing standardization of care processes and the centrality given to procedures, protocols, and performance indicators (Allande-Cussó et al., 2025).

The predominance of the biomedical paradigm, although fundamental for the development of modern medicine, contributed to the construction of a care model strongly oriented by the identification and treatment of biological alterations in the organism. From this perspective, the disease has come to occupy a central position in the organization of care, often reducing the patient to the condition of having a specific pathology. Such rationality favored important scientific achievements, but proved to be insufficient to respond to the emotional, social, cultural, spiritual and existential needs that accompany illness and hospitalization. Human suffering, in this context, goes beyond the limits

of physiological alteration and involves experiences related to fear, uncertainty, loss of autonomy, changes in identity, and the temporary rupture of daily bonds, aspects that cannot be fully understood from a biomedical perspective alone (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

Hospitalization represents, for many people, an experience marked by vulnerability. The hospital environment, characterized by rigid rules, complex technologies, specialized language, and sudden changes in life routine, often produces feelings of insecurity, dependence, and loss of control over decisions related to one's own body and treatment. From the perspective of the Human Sciences, this vulnerability should not be understood as an exclusive expression of physical fragility resulting from the disease, but as a condition inherent to human existence, which becomes more evident in the face of suffering, pain and the possibility of finitude. Recognizing this condition implies understanding that hospital care needs to respond not only to clinical needs, but also to the relational, emotional, and ethical needs that emerge during the disease process (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

This understanding shifts hospital care from a logic centered exclusively on technical intervention to a perspective that recognizes the person as a subject of rights, bearer of values, life histories, beliefs and existential projects. The patient is no longer perceived as a passive recipient of professional conducts and starts to occupy an active position in the construction of decisions related to their own care. Consequently, practices such as qualified listening, dialogue, sharing decisions, respect for individual preferences and valuing autonomy cease to represent complementary attitudes and become essential elements of quality of care (Al-Jabri; Turunen; Kvist, 2021; Allande-Cussó et al., 2025).

In this scenario, humanization emerges as a movement to re-signify hospital practices. Unlike interpretations that restrict humanization to cordiality or to the improvement of welcoming, contemporary literature understands it as a structural transformation of the relationships established in health services. Humanizing means reorganizing care processes, strengthening collaborative work environments, favoring communication between professionals, patients, and family members, and

building organizational cultures committed to the dignity of the human person. This perspective significantly expands the concept of quality of care, by recognizing that technical excellence and human sensitivity are complementary and inseparable dimensions of care (Allande-Cussó et al., 2025).

This paradigmatic shift also has repercussions on the role of health professionals. If, on the one hand, technical-scientific competence remains indispensable for patient safety, on the other hand, it becomes insufficient when dissociated from relational, ethical and communicational competences. Comprehensive care requires professionals capable of recognizing the uniqueness of each person, establishing therapeutic relationships based on trust, and understanding that clinical decisions produce repercussions that go beyond the biological aspects of the disease. From this perspective, empathy, presence, active listening, cultural sensitivity and co-responsibility are no longer desirable attributes but are essential competencies for professional practice (Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022).

In addition, humanization cannot be understood as the exclusive responsibility of professionals who work directly in care. Its consolidation depends on favorable institutional conditions, including adequate team sizing, appreciation of interdisciplinary work, continuing education, participatory leadership, and organizational cultures committed to respect for people. Institutions that promote collaborative environments and simultaneously recognize the needs of patients and workers have greater potential to develop truly humanized practices, reducing the risk of professional burnout and strengthening the quality of therapeutic relationships (Allande-Cussó et al., 2025).

Thus, overcoming the limits of the biomedical paradigm does not mean denying the importance of science or technology, but recognizing that both need to be integrated into a broader understanding of care. Hospital excellence, in contemporary times, cannot be measured only by the efficiency of procedures or clinical indicators, but also by the ability of institutions to recognize the person in his or her entirety, respect his or her dignity and build care relationships based on ethics, solidarity and commitment to life. This perspective constitutes the starting point for understanding comprehensive and human care as one of the main challenges and, at the same time, one of the greatest

possibilities for transforming contemporary hospital care (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026; Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022).

INTEGRAL AND HUMAN CARE AS AN EXPRESSION OF THE DIGNITY OF THE PERSON

Reflecting on comprehensive and humane care implies recognizing that care goes far beyond the performance of technical procedures or the application of clinical protocols. Although scientific competence remains indispensable to ensure the safety and effectiveness of interventions, care only reaches its fullness when it incorporates relational, ethical, and existential dimensions that recognize the patient as a singular person, bearer of history, values, expectations, and needs that transcend the disease. From this perspective, care is no longer understood as a succession of technical acts, but as a moral practice guided by the recognition of human dignity and shared responsibility among professionals, patients, and family members (Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022; Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

This understanding is supported by the Human Sciences, particularly philosophical anthropology, which conceives the human being as an essentially relational and vulnerable being. Vulnerability, in this context, does not represent only a condition resulting from the disease, but a constitutive characteristic of human existence, evidenced at different moments of life and intensified in the experiences of suffering, hospitalization and dependence. Far from representing fragility or incapacity, this condition establishes the ethical foundation of care, as it is precisely the recognition of the vulnerability of the other that awakens the responsibility to welcome, protect and accompany. Thus, care means responding to the human need to be recognized, understood and accompanied in its entirety, respecting its uniqueness and preserving its dignity even in the face of illness and the limitations imposed by the hospital context (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

From this perspective, the concept of comprehensiveness significantly expands the traditional understanding of health care. Comprehensiveness is not restricted to the provision of multiple services or the work of different professionals, but presupposes a broader understanding of the person in their biological, psychological, social, cultural and spiritual dimensions. This means recognizing that physical symptoms coexist with fears, uncertainties, expectations, family relationships, life experiences, and meanings attributed to the illness process, requiring interventions that simultaneously dialogue with these different dimensions. In this way, comprehensive care shifts the exclusive focus from the disease to the human experience of falling ill, reaffirming that each person experiences the disease in a unique way and requires equally unique responses (Allande-Cussó et al., 2025; Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

The conceptual analysis carried out by Ghanbari-Afra, Adib-Hajbaghery, and Dianati (2022) contributes significantly to this discussion by identifying essential attributes of human care. The authors highlight that therapeutic communication, authentic presence with the patient, empathy, respect for the rights of the person, technical-scientific competence, creativity, subjectivity and the promotion of well-being are inseparable elements of humanized care practice. These attributes show that human care is not limited to the technical domain, but also requires sensitivity to understand needs that often remain invisible to conventional clinical indicators. Listening, availability for dialogue and the ability to recognize emotions and values thus become therapeutic instruments as relevant as the technological resources available in hospitals.

In this sense, the therapeutic relationship assumes a central role in the production of comprehensive care. Unlike an interaction based exclusively on the transmission of information or the execution of clinical conducts, the therapeutic relationship constitutes a meeting between subjects who share responsibilities, expectations and experiences. This meeting favors the construction of bonds of trust capable of reducing anxiety, strengthening the patient's autonomy and expanding their participation in decisions related to treatment. The trust built between professionals, patients, and family members also contributes to greater therapeutic adherence, improved communication,

and strengthening of co-responsibility for care, aspects recognized as fundamental for the quality of hospital care (Meneses-La-Riva; Suyo-Vega; Fernández-Bedoya, 2021; Al-Jabri; Turunen; Kvist, 2021).

Another fundamental aspect refers to the recognition of subjectivity as an inseparable component of care practice. The experience of illness modifies life projects, alters family relationships, arouses fears and produces particular meanings that cannot be fully captured by laboratory tests or clinical protocols. Thus, understanding the patient also implies recognizing their history, their beliefs, their cultural values, their spirituality and their particular ways of coping with suffering. The Human Sciences offer important references for this understanding by emphasizing that ethical care requires openness to dialogue, respect for differences, and recognition of otherness as an indispensable condition for truly humanized relationships (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

However, the implementation of this care model also depends on the institutional conditions in which health work is developed. Care overload, scarcity of professionals, organizational environments marked by high productive pressure, and excessively bureaucratic management models can compromise the teams' ability to establish consistent therapeutic relationships. Humanizing care, therefore, is not the exclusive responsibility of the individual professional, but requires organizations committed to adequate working conditions, valuing teams, continuing education, and strengthening institutional cultures guided by the ethics of care and respect for human dignity (Allande-Cussó et al., 2025).

In this way, comprehensive and humane care is configured as a concrete expression of the dignity of the person in the hospital context. By integrating technical-scientific competence, ethical sensitivity and relational commitment, the capacity of health services to respond to the multiple needs that accompany illness is expanded. More than recovering biological functions, comprehensive care means recognizing the person in their entirety, respecting their uniqueness, and building relationships that reaffirm their condition as a subject, even in the face of the most vulnerable circumstances. It is

in this articulation between science, technique and humanities that one of the main possibilities for transforming contemporary hospital care is found (Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022; Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

CONCLUSION

The reflections developed in this study show that comprehensive and human care represents an indispensable dimension for the qualification of contemporary hospital care, especially in the face of the challenges imposed by the growing complexity of care processes and the intensification of technological incorporation in health services. Although scientific advances have significantly expanded the diagnostic and therapeutic capacity of hospital institutions, technical-scientific excellence alone is not enough to respond to the multiple needs of people in situations of illness. The hospitalization process involves experiences marked by vulnerability, suffering, insecurity, and profound changes in the lives of individuals, requiring approaches capable of integrating technical competence, ethical sensitivity, and relational commitment (Allande-Cussó et al., 2025; Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

In the light of the Human Sciences, care is no longer understood as a sequence of interventions aimed exclusively at disease control, but as an ethical practice based on the recognition of the dignity, uniqueness and vulnerability inherent to the human condition. Anthropology, philosophy, psychology, sociology and bioethics offer references that broaden the understanding of the health-disease process by recognizing that illness involves inseparable biological, emotional, social, cultural and spiritual dimensions. This perspective reaffirms the need for care practices capable of recognizing the patient as a subject of rights, an active participant in decisions related to their own care and the protagonist of their therapeutic trajectory (Núñez-Sánchez; de la Calle Maldonado; Castañera Ribé, 2026).

The evidence analyzed also demonstrates that the humanization of hospital care depends on the construction of therapeutic relationships based on empathy, qualified communication, presence,

active listening, and respect for each person's preferences and values. These attributes, widely described in the literature on human care, strengthen the bond between professionals, patients, and family members, favor greater adherence to treatment, increase satisfaction with care, and contribute to better clinical and psychosocial outcomes. Thus, the quality of hospital care cannot be evaluated only by technical or organizational indicators, but must also incorporate the experience lived by patients and the way they feel welcomed, respected and recognized during the care process (Ghanbari-Afra; Adib-Hajbaghery; Dianati, 2022; Al-Jabri; Turunen; Kvist, 2021).

However, the consolidation of truly comprehensive care requires changes that go beyond the individual performance of professionals. The humanization of care also depends on institutional policies committed to healthy work environments, valuing teams, strengthening continuing education, encouraging interdisciplinary work and developing organizational cultures guided by ethics, co-responsibility and respect for the person. Institutions that promote adequate conditions for professional practice favor not only greater care security, but also more humanized relationships between workers, patients, and family members, reinforcing that comprehensive care is the result of interaction between people, organizations, and shared values (Allande-Cussó et al., 2025).

Finally, this study reaffirms that the integration between the knowledge produced by the Health Sciences and the Human Sciences constitutes a promising path for the construction of more ethical, sensitive and person-centered hospital practices. Humanizing care does not mean reducing the importance of science or technology, but recognizing that both reach their greatest potential when guided by the commitment to human dignity, the appreciation of interpersonal relationships, and the recognition of the uniqueness of each individual. Thus, comprehensive care is configured as a concrete expression of the humanization of hospital care, capable of bringing together scientific knowledge, ethical responsibility and human sensitivity in the construction of more welcoming, equitable health services committed to comprehensive care.

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