Humanization in Health: Integrating the Human-Centered Approach in Hospital Management to Improve Quality of Care

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Abstract

Objective. To analyze the impact of the human-centered design approach in humanized medical care. Methods. A literature review was conducted using the Scopus and Web of Science databases. A search equation was used that included key terms delimited by Boolean operators, such as (humani?ation OR "human centered" OR "design thinking") AND ("health care" OR "health services") AND (model OR policy OR project) AND NOT ("Artificial Intelligence" OR robot* OR covid). Results. Twenty open access type articles published in the last 5 years in relevant areas such as nursing, human and social sciences, applying human-centered design or design thinking to improve health care were selected. Articles related to digital transformation or virtual reality were excluded, and the main objective was to improve humanizing practices in health care. Conclusion. The literature review demonstrates that the human-centered design approach has a significant impact on the promotion of humanized health care, improving practices and the quality of health services by considering the patient as the center of the care process.

Keywords: *Descriptors, Humanization, Human Centered, Design Thinking, Health Care; Health Services, Model, Policy, Project.*

Introduction

The World Health Organization (WHO) recognizes the right of all people to enjoy optimal health, regardless of their condition (1). To achieve this, WHO and other organizations have put in place measures to bring the holistic needs of people to the forefront of health systems (2). At the global level, there has been a growing interest in improving health services through approaches focused on people's needs, which has driven the implementation of design methodologies such as Design Thinking (DT) and human-centered design. This phenomenon reflects an emerging theme supported by the growing research interest worldwide and the sustained increase in patent applications related to health interventions designed with a human-centered approach. In addition, a constant gap has been observed between filing, publishing and granting patents (Figure 1).
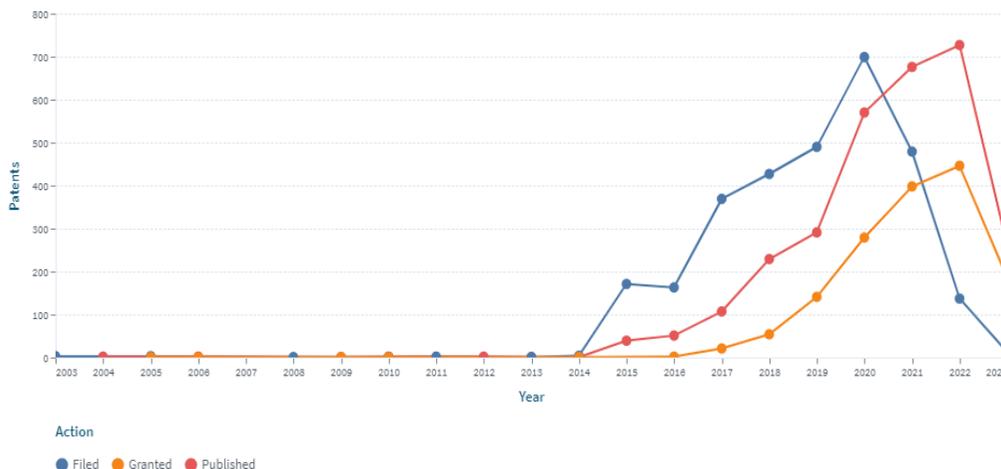
In the context of Colombia, the Ministry of Health has promoted the National Plan for the Improvement of Quality in Health (PNMCS), with the aim of promoting humanization and quality of care, integrating knowledge management and innovation (3). In addition, an effort has been made to provide a public policy framework for the humanization approach (4) in the field of health, and its importance as one of the fundamental pillars from a health accreditation perspective (5) is highlighted. This approach seeks to improve the quality of medical care and emphasize aspects that promote more personalized care, centered on the individual and

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respectful of their needs and rights.

Graphic 1. Patent Documents by Date of Publication, Provision and Grant

Source: Lens.org.

In 1993, Colombia implemented Law 100 with the aim of establishing the General System of Social Security in Health (SGSSS), an initiative that sought to extend social security coverage to the entire population and improve equity in access to health care (Khattak et al., 2021). This law placed a strong emphasis on the efficiency of the health system and also incorporated health into the macroeconomy, which has generated debates about whether health should be considered as a humanitarian service or as an object of consumption (6).

This discussion raises the need to address dehumanization in medical care, through an ethical approach that takes into account the dignity, freedom, autonomy and privacy of the patient, as well as the importance of communication and the role of health professionals in this process (7). Despite the above, Colombia is not among the leading countries in research or patent applications on humanization issues or design of human-centered services. The United States stands out as the country where the most research is carried out and the most patents are applied for in relation to these descriptors (Figure 1).

Figure 1. Patent Documents by Country

Source: Lens. Org

In Colombia, hospital management faces difficulties in evolving from a traditional approach to the application of a humanistic management theory. Instead of adopting a comprehensive approach that addresses human needs in all their dimensions, a model of financial management and achievement of corporate objectives is prioritized, which often lacks explicit goals of quality or humanization. This moves health services away from their people-centred approach and their people-oriented delivery (8).

A variety of effective tools and approaches to determine the health needs of the population have been described in the literature. Among them, the human-centered approach stands out, which has proven its usefulness in various companies, including those in the health sector. A prominent example is Samsung, which is positioned as the main applicant worldwide in this field. This company has 14 Research and Development centers distributed in 12 countries around the world, as well as 7 global Artificial Intelligence centers. These initiatives aim to guarantee the care of life and provide new experiences, among other objectives (Figure 2). This approach makes it easier to find a balance between organizational culture and design to drive institutional performance improvement through meaningful transformations (9). The objective of this review is to investigate the effectiveness of the human-centered thinking approach in various health care contexts, with the aim of analyzing its possible impact and applicability to humanized hospital management in Colombia.
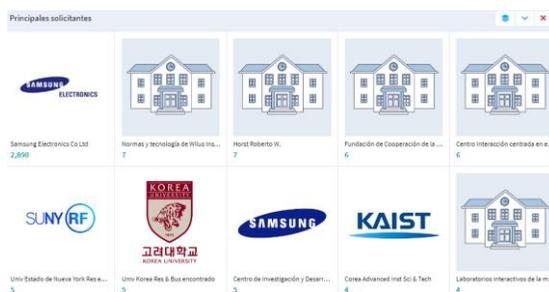

Figure 2. Main Applicants.

Source: Lens.org

Methodology

A search strategy was designed based on an equation that involved the construction of clusters of interconnected keywords. The final search equation was composed of the following descriptors: "humanization" OR "human-centered" OR "design thinking" AND "healthcare" OR "health services" AND "model" OR "policy" OR "project" were excluded those related to "Artificial Intelligence" "robot*" or "covid".

Initially, this equation was applied to the Patent Scope database, and the results obtained were exported to Lens.org. This visual analysis allowed us to examine the most recent publications on the topic and determine the relevance of this topic today. The results highlighted that this is an emerging topic of considerable research interest in the last decade.

A structured search was carried out in the Scopus and Web of Science databases, obtaining a total of 611 and 191 results respectively in the bibliographic databases. Subsequently, the search was refined to include only references published in the last 5 years and corresponding to articles, resulting in 224 Scopus references and 162 Web of Science references. These referrals were managed using Jabref software. In addition, a map of co-occurrences was generated using

Bibliometrix to identify the most frequent terms in the abstracts of the references obtained (Figure 3).

Figure 3. Keyword Co-occurrence Map.

 Source: Aria, M. & Cuccurullo, C. Bibliometrix: A Tool for Comprehensive Analysis of Scientific Maps, Journal of Informetrics. 2017; 11(4), pp 959-975

After eliminating duplicates, a selection of 20 open access scientific articles, published in the last 5 years, was made in disciplines such as nursing, social sciences, business and organization, health and multidisciplinary approaches. Selection was based on the main references and established inclusion criteria. The selected articles present an applicative perspective of human-centered design or design thinking, with the aim of improving health care processes and services, with special emphasis on humanization. Articles related to digital transformation or virtual reality were excluded. The main objective of this review was to understand, prioritize, and improve humanizing practices in the context of health care (Figure 4).
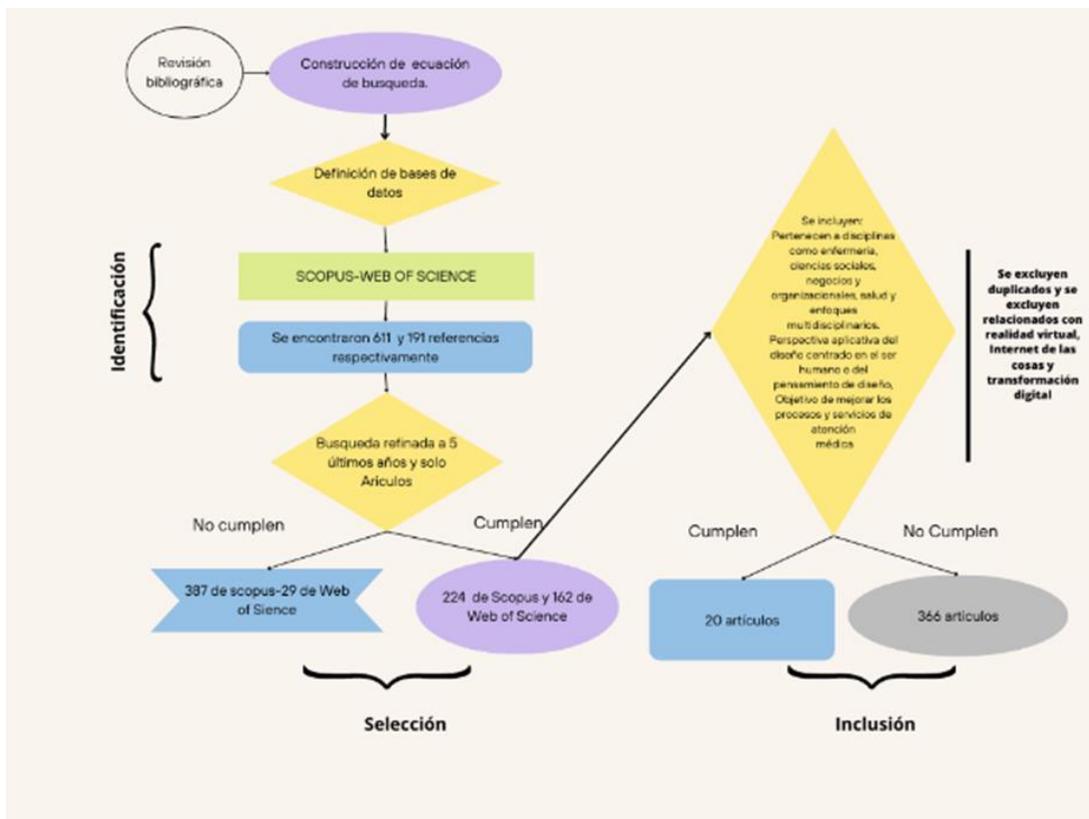
Figure 4. Flowchart Methodology

Source: Own elaboration

Results:

The analysis of the review began with the identification of the most frequent words and terms in the abstracts of the reviewed articles. Using the Bibliometrics tool, a map was generated that shows the relevance of some coinciding terms in these articles, those related to "human" represented an 18% participation and a smaller proportion of terms related to population groups, such as "older adults", "adolescents" and "children", with a participation of 11% in the reviewed articles (Figure 5).

Figure 5 Map of the Most Frequent Words.

Source: Aria, M. & Cuccurullo, C. (2017) Bibliometrix: An R Tool for Comprehensive Analysis of Scientific Maps, Journal of Informetrics, 11(4), pp 959-975, Elsevier.

This suggests that health interventions designed with a human-centered approach increasingly focus on vulnerable population segments, such as women, pregnant women, and children. These interventions are mainly aimed at primary health care, promoting shared decision-making, learning, health education and health care.

The present research identified four thematic sections in which relevance was found in relation to the articles included.

Dehumanization in Health Care

Dehumanization in health care is presented as a critical phenomenon that affects the quality of the service provided to patients. In the Colombian context, it is observed that, despite efforts to promote humanization, problems of negligence and lack of care persist that can aggravate the health of patients and even result in avoidable deaths. The importance of integrating an ethical approach that respects the dignity and rights of patients is highlighted, suggesting that the accreditation of institutions should include guidelines that prioritize more humane and warm care (10).

In a study conducted in Brazil, she explored nurses' and physicians' perceptions of humanization, identifying that organizational culture and work environment significantly influence the ability to offer humanized care. Although values such as respect and empathy are recognized as fundamental, work overload is presented as an obstacle that limits the ability of professionals to adequately meet the needs of their patients (11).

For its part, the study conducted in Chiapas, Mexico, revealed that while patients experience dehumanization in surgical care, eroding their trust in the health system, professionals, in turn, face emotional exhaustion and lack of support, which negatively affects the quality of care. This study also highlighted that, despite the barriers, teamwork and accompaniment by facilitators contribute to improving patient care (12).

Taken together, these studies indicate that dehumanization in health care is a multidimensional

problem that requires a comprehensive approach. It is essential to promote a culture of humanization that transcends regulations and includes the active participation of all actors in the health system to guarantee dignified and respectful treatment of patients, as well as a work environment that supports professionals in their work.

Patient-centered care

The concept of patient-centered medicine was introduced by Enid Balint in the late 1960s, as opposed to "disease-oriented medicine." Similar to the biopsychosocial model of the 1970s, its objective was to promote a holistic approach that encompassed more than the physical aspects of the disease (13).

In Colombia, the connection between accreditation and the process-centered approach lies in the fact that the process seeks to ensure the quality of health services through standards that prioritize patient care. This approach requires healthcare institutions to design and manage their services according to patients' needs and expectations, ensuring comprehensive and continuous care. In addition, accreditation drives continuous improvement of organizational processes, allowing IPS to adapt their practices to offer more personalized and effective care. Thus, the patient-centered approach becomes a framework that guides institutions to implement practices that meet quality standards and promote more humanized care (14).

Family-centered care in services such as pediatrics shows that involving families in the care of hospitalized children improves patient satisfaction. It also results in the need to integrate family preferences into care plans and highlights the relevance of cultural competence to serve diverse families. This approach makes it possible to address emotional and social needs in hospital settings (15).

Health Care Innovation and Human-Centered Design

The implementation of a human-centered approach (HCD) in health services has been recognized as critical to addressing patient needs and improving quality of care. This approach is characterized by a thorough understanding of the needs of users, ensuring the active participation of all parties involved, and adopting a systemic approach in the design of interventions. By applying a structured model that encompasses the stages of discovery, definition, development and delivery, innovative solutions can be generated adapted to the realities of the healthcare environment (16).

In addition, flexibility and creativity are essential to foster collaboration across disciplines. By integrating human-centered design methodologies, healthcare professionals can overcome the barriers inherent in traditional healthcare methodologies. This requires a change in mentality, where both scientific evidence and patients' perspectives are valued, thus promoting more comprehensive and effective care (17).

The use of tools such as Design Thinking also makes it possible to identify opportunities for innovation in the health sector. These tools help generate ideas and prototypes that reflect users' expectations and needs, facilitating a more collaborative approach to care. The creation of spaces for conversation among the actors of the health services ecosystem is vital to address common problems and develop effective solutions (18).

Finally, by focusing on the design of spaces and experiences that promote well-being, it is observed that an environment adapted to the needs of patients contributes significantly to improving their satisfaction and quality of life. Strategies such as stakeholder mapping and

attention to environmental factors, such as lighting and comfort, can transform the user experience in healthcare settings (19) (20). These approaches not only enrich patient care, but also foster a more humane and accessible service, contributing to comprehensive and people-centered health care.

Humanization in Health Care

Humanization in medical care is based on the creation of environments that favor the emotional and psychosocial well-being of patients, especially in vulnerable situations such as childbirth. The implementation of psychosocial support programs, such as the adaptation of the mhGAP in maternity settings, seeks to equip health professionals with tools to offer adequate emotional support to pregnant women. Not only does this improve the patient experience, but it also reduces staff stress and burnout, promoting a culture of mutual support within delivery rooms. The adaptation of these programs must be a participatory process, involving a multidisciplinary team and adjusting the contents to the specific needs of the hospital environment (21).

In addition, the development of care models that prioritize inclusion and dignity has become essential in health systems. This approach, which seeks to strengthen the capacity of providers and foster a system of accountable governance, translates into interventions that improve the motherhood experience. These interventions, designed through a collaborative process with stakeholders, make it possible to evaluate the feasibility of new practices that promote respectful and supportive care, contributing significantly to the psychosocial well-being of patients during childbirth (22)

The role of health professionals is also fundamental for the humanization of medical care. Care focused on physiological processes and the promotion of patient autonomy have been identified as vital elements to improve the quality of care. Fostering an empathetic and affectionate dialogue not only empowers the patient in her decisions, but also transforms her relationship with health personnel, building more supportive and respectful bonds (23).

The integration of narrative medicine into primary care represents another approach to humanizing health services. Active listening and empathy are essential in this context, allowing professionals to connect more deeply with their patients. Social media, as platforms for sharing experiences, can serve as tools to disseminate more humanized care practices and promote a culture of care based on understanding and support (24).

Likewise, the application of human-centered design methodologies in the research and development of health tools has proven to be effective in improving patient care. Collaboration with end users during the inspiration and ideation phases allows for the creation of solutions that respond to the real needs of patients, resulting in more accessible and understandable care (25) (26) (27).

In addition, consider the diversity of needs in health care. The active participation of specific communities, such as the transgender community, in the design of health resources ensures that their priorities are addressed and access to relevant information is improved. This participatory approach not only strengthens health equity, but also promotes a more inclusive and respectful model of care (28).

Humanization in healthcare requires an ongoing commitment from health professionals to integrate human-centered approaches, foster psychosocial support, and recognize and respect patient diversity. Training in these areas is essential to achieve more dignified and quality care,

where empathy and respect are the fundamental pillars of every interaction in the field of health (29) (30). See bibliographic review log.

THEMATIC SECTION	REFERENCE	OBJECTIVE	METHODS	RESULTS	MAIN CONCLUSIONS
Dehumanization	*REFERENCE 10. Acosta CA. Humanization, an ethical issue in health accreditation. Colombian Journal of Bioethics. 2022 Aug 5; 13(2):68-86.*	*The objective of the study is to address dehumanization in health care in Colombia, recognizing this problem and promoting humanization as a fundamental axis in the accreditation and administrative management of hospital institutions. It seeks to structure and implement guidelines that guarante*	*This study is an article of reflection on the role of accreditation in the humanization of health in Colombia.*	*Carlos Andrés Andino Acosta highlights several essential points about humanization in health:Dehumanization as a Problem: Despite efforts to humanize medical care, dehumanization remains a serious problem, evidenced by negligence and lack of attention to patients, which can result in a deterioration of their health or even avoidable deaths. Ethics and Human Dignity: Humanization in health is an ethical imperative that requires a deep*	*In conclusion, the article establishes that humanization and accreditation in health are interrelated, and that in order to achieve quality care, it is essential that humanization be a central component in the accreditation processes and in the culture of health institutions.*

		e a quality and more humane health service, transcending mere regulatory formality.		*respect for the dignity and rights of patients, demanding a real commitment from institutions to offer a humane and warm service. Patient Integrality: Andino maintains that care must contemplate the human being in his or her totality— biological, psychological, social, spiritual, and cultural—in order to adequately satisfy his or her needs and preserve his or her dignity. Culture of Quality: It is necessary to promote a culture of quality in health services that transcends institutional accreditation and promotes*	

			attitudes that dignify the most vulnerable patients. Interdisciplinarity: Advocates for an interdisciplinary approach in the research and practice of the humanization of health, suggesting that collaboration between different disciplines is necessary to meet challenges in health care.	
	REFERENCE 11. Calegari RD, Massarollo MC, Santos MJ. Humanization of health care in the perception of nurses and doctors in a private hospital. Revista da Escola de Enfermagem da USP. 2015;49:42-7.	*The objective of this study was to explore the meaning of the term "humanization" from the perspective of nurses and doctors in a private*	*An exploratory, descriptive and qualitative research was carried out, in which 19 health professionals were interviewed. The testimonies collected were categorize*	*The results revealed that humanization is closely associated with values such as respect, welcome, and empathy. In the context of professional practice, it was observed that organizational culture can facilitate the incorporation of humanized*	*For nurses and doctors, humanization is related to respect, acceptance, and empathy for patients. They recognize the importance of respecting the*

		hospital in São Paulo, as well as to identify the factors that both facilitate and hinder the implementation of humanized practices in health care	*d using the method of analysis proposed by Bardin and examined according to the theoretical framework related to humanization.*	*actions; However, an overloaded work environment represents a significant obstacle. To achieve truly humanized care, it is essential to implement policies and management actions that allow professionals to meet the expectations of patients and their families effectively.*	*patient's individuality and culture, tailoring care to their needs, and fostering quality interpersonal relationships.* *Factors that facilitate humanization include a favorable organizational culture, multidisciplinary teamwork, and the autonomy of professionals. The religious orientation of the institution, training in humanization and participation in accreditation programs*

				are considered positive aspects. However, work overload is identified as an obstacle, as it limits the time and attention that professionals can dedicate to patients, affecting the satisfaction of their needs.
	REFERENCIA 12. Macias V, Garcia Z, Pavlis W, Fowler Z, Uribe-Leitz T, Gilbert H, Roa L, Good MJ. Interpersonal challenges in surgical care provision in rural Mexico: A qualitative study. The Lancet Regional Health–Americas. 2022 Jun 1;10.	*The state of Chiapas, Mexico, faces significant challenges in accessing medical care and surgical services. This study aims to examine how interpers*	*This qualitative study was carried out in public hospitals in Chiapas, Mexico, through semi-structured interviews with surgical patients and health workers, in collaborat*	*Qualitative study in which interviews were conducted with 19 patients and 18 health professionals to explore barriers and facilitators in access to surgical care. The majority of patients were female (82%) and, although age data were not*	*This qualitative study reveals that the referral process is affected by dehumanization, violence, and poor coordination of resources. However, effective communication, teamwork*

		onal relationships influence referral systems, which could contribute to improving access to health care in the region. It seeks to identify both the barriers and the facilitators that affect access to surgical care in the public hospitals of the Ministry of Health of Chiapas.	*ion with the organization Compañeros en Salud México and the Ministry of Health. Approved by several ethics committees, the study focused on jurisdiction IV of the Fraylesca region, which faces significant challenges in terms of access to healthcare due to its remote location and difficult socioeconomic conditions. The interviews, conducted by two physicians, explored the barriers and facilitators to*	*collected from 4 patients, the mean age was 50 years. The results revealed that patients experienced dehumanization and lack of care, which eroded their trust in the healthcare system. In turn, the professionals pointed out the emotional exhaustion they face due to the workload and the lack of support in the team. Barriers include poor coordination of resources and negative attitudes that generate conflict. However, facilitators were identified, such as teamwork and accompaniment by health professionals, which help overcome*	*, and accompaniment improve this process. These findings underscore the relevance of interpersonal factors in the success of referral systems in low-resource settings. To improve access to surgical care in the region, it is essential to implement strategies that strengthen teamwork and expand patient accompaniment, such as the CES Right to Medical*

		accessing surgical treatments. An intentional sampling and snowball approach was used to select participants, ensuring a comfortable and safe environment for interviews. The data were analyzed using an inductive approach, developing categories that reflect the experiences of the participants, without them being able to comment on the findings. Study funding had no influence on study design or outcomes.	*bureaucratic obstacles and improve patient care. Personal connection and community support are key to accessing needed care.*	*Care Program.*
	REFERENCE 13. Bayer GL, Vega YV.	*The study*	*An analysis of*	*The findings indicate that*	*The study concludes*

Patient-Centered Care	*Patient-centered care model in Colombia: the need for a leap from the disciplinary to the organizational. Health, History and Health Magazine. 2015 Jun 13; 10(1):71-83.*	*seeks to contribute to the understanding of the concept of "patient-centered care" in the field of health in Colombia, analyzing how this term has been used and evaluating its limitations and contributions in relation to the accreditation and quality certification processes that health institutions are adopting.*	*the existing literature on the patient-centered care model was conducted, considering the perceptions of health professionals and patients. A theoretical framework including Jean Watson's Theory of Human Care was used to explore how patient-centered nursing care is perceived in a medical setting.*	*although healthcare professionals express a commitment to patient-centered care, organizational structures and increasing reliance on technology have led to a depersonalization of care. In addition, it was observed that nurses often focus more on accomplishing tasks than on establishing meaningful relationships with patients.*	*that, in order to effectively implement a patient-centered care model, it is necessary to transform organizational dynamics and foster a culture that prioritizes care. The importance of leadership that promotes collaboration and respect for patients' needs is emphasized, as well as the need to evaluate the quality of care not only in terms of activities performed, but also in terms of patient outcomes*

				and *satisfactio* *n*
REFERENCE 14. Gusmano, MK, Maschke, KJ, Solomon, MZ. Patient-centered care, yes; patients as consumers. No. (2019) Health Affairs, 38(3), pp. 368-373.http://www.health affairs.org/.doi: 10.1377/hlthaff.2018. 05019	*The study aims to analyze the growing fusion between patient-centered care and the concept of patients as consumers, highlighting the implications of this trend in healthcare.*	*The authors review the existing literature on patient-centered care and consumerism in health, discussing the historical evolution of these concepts and their interactions. They also examine criticisms of the notion that patients should be seen primarily as consumers in a health care market.*	*It is concluded that patient-centered care, which emphasizes respect for patients' values and preferences, is threatened by the consumerist perspective, which can divert attention from the real needs of patients and burden them with the responsibility of controlling care costs.*	*The authors warn that taking a consumer-centric approach can exacerbate health care inequities and erode providers' professional obligations. They advocate for a clear distinction between patient-centered care and consumer-driven care to ensure that the healthcare system is appropriately responsive to patients' needs.*
REFERENCE 15. Pettoello-Mantovani M, Campanozzi A, Maiuri L, Giardino I. Family-oriented and family-centered care	*The study seeks to improve family-centered*	*Current policies and practices in pediatric*	*Family-centered care was identified as improving patient and family*	*Implementing a family-centered approach to*

	in pediatrics. Italian Journal of Pediatrics. December 2009; 35: 1-8.	*care in the context of pediatrics, emphasizing the importance of involving families in the care of hospitalized children.*	*care were reviewed, principles of cultural competence were analyzed, and approaches that promote collaboration between health professionals and families were evaluated*	*satisfaction, and the need to integrate family preferences into care plans was highlighted. In addition, it was observed that cultural competence is essential to serve diverse families.*	*pediatric care is necessary to meet the emotional and social needs of children and their families, and an ongoing commitment to improving the quality of care in hospital settings is required*
Innovation in health services and human-centered design	*REFERENCIA 16.Melles M, Albayrak A, Goossens R. Innovating Health Care: Key Characteristics of Human-Centered Design. International Journal for Quality in Health Care. 2020 Oct 17; 33(1):37-44.*	*Explore the three essential characteristics of human-centered design (HCD) and their relationship to the healthcare field: understanding people's needs, active and consistent stakeholder participa*	*The study focuses on the Human-Centered Design (HCD) approach to understanding and meeting human needs. Using the double diamond model, four stages are explored: Discover, Define, Develop, and*	*The human-centered approach to health care presents challenges in collaboration across disciplines due to differences in research methodologies. The medical discipline is based on clinical trials and evidence-based approaches, while HCD is supported by qualitative methods and*	*1. HCD's approach seeks to understand human needs and how design can meet them, especially in the context of healthcare*
					2. For HCD to be adopted in healthcare, it is necessary to understan

		tion, and systemic approach to design.	Deliver. In these stages, data is collected, the problem is defined, ideas are generated, and prototypes are tested to design useful and usable interventions. Collaboration with stakeholders and early and ongoing engagement to improve proposed solutions is encouraged	user studies. However, it promotes the implementation of qualitative approaches to improve health care systems, which requires a wide range of methodologies and reconsideration of thresholds for evidence-based decision-making.	d the evidence-based mindset of physicians and consider ethical considerations
					3. Flexibility, anticipation of change, and creativity are important to improve stakeholder collaboration and engagement in HCD projects in healthcare
					4. Healthcare organizations are increasingly recognizing the importance of HCD approaches to improving human-

				centered care and meeting current challenges in healthcare.
REFERENCE 17. CaballeroRM. Innovation in Health Services using Design Thinking tools. Kepes. 2021 January 1; 18 (23): 15-48.	*The objective is to apply an anthropocentric approach in the health sector, considering the complexity of the value network and the various economic, social and political flows that impact the patient experience.*	*The methodology used involved fieldwork with service design tools for the collection and analysis of information, followed by a process of triangulation of results to contrast and validate the data. Service design thinking was applied, a non-linear and iterative approach, structured according to the context of the service to be*	*As a result of the research, Design Thinking tools were used to identify opportunities for innovation and generate ideas and prototypes. Spaces for conversation were created among the actors of the health services ecosystem to address problems and solutions. In addition, a map of actors was made that represented the system of actors and their context, both internal and external to the orthopedics and traumatology*	*The design of services in clinical organizations offers a viable alternative to manage innovation in the health system, fostering interaction between actors and generating value through collaborative processes.*

		designed, using a methodological map based on the model of Bae et al. (2014) and strategic tools for the design of health services to promote innovation in the sector.	*service of the HUS.*	
REFERENCE 18. Abookire S, Plover C, Frasso R, Ku B. Health design thinking: an innovative approach in public health to define problems and find solutions. Frontiers in public health. August 28, 2020; 8:459.	*Implementation of a practical workshop on design Thinking and its subsequent evaluation aimed at students of the master's degree in public health at Thomas Jefferson University in Philadelphia in Pennsylvania*	*10 public health master's degree students were recruited to apply a two-hour workshop, evaluating before and after their knowledge and attitude towards Design Thinking, through a survey.*	*The author presents qualitative results indicating that the workshop was positively received among the participants and that he did not receive suggestions for improvement. Also in quantitative results, he shows the results of the survey and concludes that the knowledge of design thinkinh*	*The article highlights that health problems in the United States, such as unequal access, irregular quality, and high costs, can be effectively addressed using Design Thinking. It is proposed to include this methodology in*

			increases from 2.3 to 4.4 with the workshop. The sample is very small (10), to decide after the pilot to include it in the academic curriculum, as the author explains that it was carried out.	*public health training and describes a successful workshop with Master's students in public health, which prepared them to face health challenges and encouraged the use of innovative methodologies in the field of public health*
REFERENCIA19. Hao-Hsiang Y, Chen I. A service design layout for creating a stress relief environment: A case study. Ain Shams Engineering Journal. 2023 Mar 1; 14(2):101855.Khan B, Hameed W, Avan BI. Psychosocial support during childbirth: Development and adaptation of WHO's Mental Health Gap Action Programme (mhGAP) for	*Explore and clarify demand gaps for service goals, develop a space design for stress relief, and define the role of stress relief services*	*The study investigated users' design preferences and their correlation with satisfaction and perception of service quality. Aspects such as general design, colors,*	*The key variables that affected the participants' overall physical experience were entry and exit comfort, restroom cues, item location, service area guidelines, and temperature indicators. In*	*The concept of service helps to understand the point of view of the service designer and the user and that satisfaction in the user experience is due to*

maternity care settings. Raghuveer P, editor. PLOS ONE. 2023 May 22; 18(5):e0285209.	*by focusing on the two elements of designing environmental and service experiences.*	*floors, furniture, sound, temperature, lighting, cleanliness, air quality, signage, privacy, security, comfort and friendliness of the staff were evaluated. It is proposed to form a journey map that focuses on the interaction between the user and the service space.*	*terms of service experience, the main variables were space privacy, equipment comfort, noise level, satisfaction with service, staff location, and lighting.*	*a sum of factors of space and service.*
REFERENCE 20. Chow BE, Pilarski A, Schmitt J, Decker MC, Ark T, Davis CS. Using human-centered design to enhance a wellness program for surgical residents. Journal of Surgical Research. September 1, 2022; 277: 157-62.	*To evaluate the effectiveness of human-centered design (HCD) sprints in improving our wellness program for surgical*	*Describes an HCD Sprint with 34 surgical residents in a single session using seven separate domains, including Mental Health/Reflection*	*Lectures, emails, and wellness curriculum were not considered helpful, while Scheduled Breaks or Time Off were seen as the most helpful. Suggestions and ideas for improvement*	*The well-being of surgical residents is crucial to a residency program, especially due to the challenges they faced during the pandemic, such as*

		residents.	*and Therapy; Faculty mentorship or engagement; Physical well-being; Retreats; Scheduled Breaks or Free Time; Social connection; and Wellness Conferences, emails, or curriculum.*	*focused mainly on how Scheduled Breaks or Time Off could be implemented. We also found suggestions to improve mentoring and teacher engagement. These results were used to develop strategies to improve the well-being of surgical residents and were shared at a meeting of the Department of Surgery.*	*prolonged social isolation. HCD sprints are an effective way to enhance a wellness program for surgery residents by actively involving them in the process.*
Humanization in health care	*REFERENCIA 21. Khan B, Hameed W, Avan BI. Psychosocial support during childbirth: Development and adaptation of WHO's Mental Health Gap Action Programme (mhGAP) for maternity care settings. Raghuveer P, editor. PLOS ONE. 2023 May 22; 18(5):e0285209.*	*To analyse the implementation of mhGAP in the creation of psychosocial support resources for maternity staff, in order to provide*	*The adaptation followed a human-centred design approach in three phases: desk review and interviews, development of materials by adapting the mhGAP*	*I. Inspiration: Maternity staff prioritize physical care and instrumental support, but lack skills to provide psychosocial support and determine the needs of pregnant women. II. Ideation: It is decided to develop*	*Providing psychosocial support based on the needs of pregnant women during labor and delivery can enhance their experience. We adapted the*

		support to both patients and staff in the delivery room.	*with a multidisci plinary team, and testing, deliberatio ns and review of the materials to assess their feasibility of implement ation in health facilities.*	*training modules based on the HCD framework and adapt them to the delivery room, focusing on psychosocial support for both women and maternity staff.*	*mhGAP to create capacity building materials that provide psychosoc ial support during the intrapartu m phase and prevent stress and burnout for maternity staff. These materials extend the scope of the mhGAP to the maternity realm and can be used to strengthe n the skills of maternity staff.*
				III. Implementati on: mhGAP modules are adapted and relevant concepts are added, content is adjusted according to the context of the delivery room, and culturally appropriate examples are included.	
				IV. Assessment: A psychosocial support system is established at the health facility, with a designated clinical staff member to oversee the implementati	

| | | General objective: To support inclusive, supportive and dignified maternal care in health systems, focusing on the capacity of service providers and accountability and governance. Specific objectives:a) To design a participatory and consensual model of contextualized service provision for inclusive, supporti | In a human-centered design approach, two phases will be carried out: development of the intervention and its implementation and feasibility testing. The intervention will be created in collaboration with stakeholders and will be based on formative research. A mixed-method pre-post design will be used in six health facilities in Pakistan to assess coverage, challenges, changes | | |
| | | | | | |

(continued from above table)

				on of the program and provide guidance and support.	
	REFERENCIA 22. Avan BI, Hameed W, Khan B, Asim M, Saleem S, Siddiqi S. Inclusive, supportive and dignified maternity care (SDMC)— Development and feasibility assessment of an intervention package for public health systems: A study protocol. Verduci L, editor. PLOS ONE. 2022 Feb 9; 17(2):e0263635.			The study will last more than two years and will involve stages of planning, formative research, development and implementation of an intervention, evaluation and dissemination of results.	The center focuses on making decisions and informing when it comes to providing dignified care to pregnant women. This study aims to demonstrate the success of a package of dignified and respectful care for mothers in public health systems. It seeks to demonstrate the effectiveness of the intervention and improve the experience of the beneficiaries.

		ve and dignified maternal care.b) To implement and evaluate the feasibility of the intervention model in public health facilities.	*in staff understanding and attitudes, and the impact on women's experience of motherhood and psychosocial well-being. The development of the intervention will be guided by the COM-B framework ('ability', 'opportunity', 'motivation' and 'behaviour').*		
	REFERENCE 23. Rodrigues DP, Alves VH, Paula CC, Vieira BD, Pereira AV, Reis LC, Marchiori GR, Branco MB. Humanized childbirth: the values of health professionals in the daily routine of obstetric care. Brazilian Journal of Nursing. 2021 Oct 18;75.	*To explore the perceptions and needs of health professionals in relation to obstetric care in order to understand their values and*	*Phenomenological study using the Schelerian approach with 48 health professionals from four maternity hospitals in the Metropolitan Region of the state of Rio de*	*The importance of providing care focused on physiological processes, ensuring individualized and safe follow-up, was highlighted. Likewise, the ethical value of promoting attitudes that allow women*	*It can be concluded that care focused on physiological processes, individualized and safe follow-up, as well as the promotion of ethical attitudes that*

		emotions associated with the process.	*Janeiro. Data collection was carried out through phenomen ological interviews and analysis was carried out using the Ricoeuria n methodolo gical framework*	*to exercise autonomy in childbirth and recognizing dialogue as a process of empathy, affection and bonding was highlighted. In conclusion, the re-evaluation of obstetric practices, in line with public policies on labor and birth, based on an ethical and vital approach, contributes positively to the humanization of care for women*	*empower women in their birth experienc e, are essential elements for the humanizat ion of obstetric care. It is essential that these practices are supported by public policies that promote respect for women's autonomy and promote empatheti c and caring dialogue. By implement ing these approach es, significan t advances can be made in the quality of care and well-being of women*

				during the labor and birth process.
REFERENCE 24. Silva AF da, Mendonça MOL de, Silva RCF da, Correia IB. Between ears and words: an essay on narrative medicine, social networks and humanization in Primary Health Care. Interface - Communication, Health, Education. 2023;27.	*To explore the relationship between narrative medicine, social networks, and humanization in the context of primary health care, through the use of social networks by one of the authors to share experiences.*	*A review of the current literature on prevailing health care models, listening and narrative as devices for the humanization of care, and the emergence of social networks as drivers of humanized health practices was carried out. In addition, the personal experiences shared by the author on social networks were analyzed.*	*Important points related to health care models, listening, and narrative as tools for humanizing care, as well as the role of social networks in promoting humanized health practices, were identified and discussed.*	*Some considerations related to the use of narrative medicine as a tool to promote humanizing practices in the context of primary health care were presented, highlighting the importance of active listening, empathy and the use of social networks as a means of connection and dissemination of experiences in the field of health.*
REFERENCE 25. Albay EM, Eisma DV. Performance task	*Evaluate participants'*	*An experimental study*	*. The results of the study showed that*	*Design thinking has been*

evaluation supported by the design thinking process: Results of true experimental research. Social Sciences and Open Humanities. January 1, 2021; 3(1):100116.	*performance on a performance task that was supported by the principles of the design thinking process*	*was conducted with two groups of randomly assigned respondents to compare performance scores in demonstrative teaching, using the five-stage design thinking process in the experimental group and expert evaluators to evaluate videotaped demonstration teachings*	*the experimental group scored markedly higher on the performance task and significantly outperformed the control group.*	*widely accepted as an innovative method in education, with studies demonstrating positive outcomes such as improvements in computer skills, positive attitude, and student satisfaction. In addition, its impact on the development of relevant learning capacities, innovation, and social competencies is highlighted, especially in the context of the implementation of the K-12 Basic*

				Education Program in the Philippines
REERENCIA 26. Hahn-Goldberg S, Chaput A, Rosenberg-Yunger Z, Lunsky Y, Okrainec K, Guilcher S, et al. Tool development to improve medication information transfer to patients during transitions of care: A participatory action research and design thinking methodology approach. Research in Social and Administrative Pharmacy. 2022 Jan; 18(1):2170–7	*Employ participatory action research and design thinking methods to engage extreme users, understand their current experiences, and develop tools that improve the transfer of medication information during care transitions, in a significant complement to previous work.*	*This study used a mixed methodology with a participatory action approach and design thinking to engage extreme users, including providers, patients, and families, in understanding current experiences and designing tools to improve medication information transfer during care transitions, following the Three I's framework. In addition, a project advisory team was*	*A total of 116 providers, patients and families were involved in both phases of the research, in addition to the team of researchers and project designers. Inspiration: The findings of the first phase highlighted the need for tools that improve the transfer of information about medicines during hospital transition, grouped into the sub-themes of content, design and communication process. Ideation: In the second phase of the project, two prototype collaborative tools were*	*The tools developed through the combination of methods used improve patient understanding, confidence, and adherence by ensuring that information is in an accessible format. However, it is noted that the prototypes developed still need to be tested to assess their feasibility and usability in hospital settings, and the next steps will*

		formed that included knowledge users, patients, families, pharmacists and designers, and mixed methods were employed to meet the objectives of the Inspiration and Ideation phases of the framework	*developed, designed to support the participation of patients and families in the transfer of medication information during hospital transitions to home. The prototypes include an interactive Medication Whiteboard for routine creation and a patient-oriented Medication List, which complements the discharge summary and provides information about the medication to be taken and helpful contacts*	*include evaluating feedback from a wider group of people and implementing the tools.*
	REFERENCIA 27. Flood M, Ennis M, Ludlow A, Sweeney FF, Holton A, Morgan S, et al. Research methods from human-centered design: Potential applications in pharmacy and health services research. Research in Social and Administrative	*1. To provide an introduction to human-centered design for pharmacy and health services*	*1. Specific frameworks or models, such as the 'Double Diamond' and the five modes of Stanford d.school, to*	*The development of prototypes made it possible to explore and refine potential solutions through physical manifestations of ideas and*	*Design-based research in pharmacy and health services offers great potential to address challenge*

	Pharmacy. 2021 Dec; 17(12):2036–43.	*researchers.* *2. Provide an overview of the three key methods that can be combined with pharmacy and health services research.*	*structure your human-centered design process.*	*concepts, improving the quality of the design and minimizing challenges in the implementation and sustainability of health service projects, while incorporating user opinions*	*s in an innovative and human-centered way, benefiting service users, patients, and health systems*
		3. To exemplify the use of human-centred design methods in a pharmaceutical context. *4. Highlight key practical considerations when working with design professionals for health services and pharmacy*	*2. Journey mapping is a key tool in user research of human-centered design, allowing the user experience to be visualized and facilitating empathy and multidisciplinary collaboration.*		

		researchers.			
	REFERENCIA 28. Morse B, Allen M, Schilling LM, Soares A, DeSanto K, Holliman BD, et al. Community Engagement in Research and Design of a Transgender Health Information Resource. Applied Clinical Informatics. 2023 Mar; 14(02):263–72.	*Design transgender health information resources (TGHIRs) with active participation of the TGD community, reflecting their needs and priorities.* *Participatory methods, including TGD CAB engagement, focus groups, and design sessions, were used to iteratively co-design the tool and determine desired features*	*To address the health needs of the TGD community, we use participatory research methods together with the CAB, co-designing data collection instruments and recruitment strategies. In addition, we developed a dissemination strategy and plans for the pilot testing of the TGHIR application. Clarifying that the institutional board did not consider these activities as*	*The participatory approach and the use of liberating structures facilitated the collection of inputs, the alignment of perspectives, and decision-making in the design. We learned lessons about community engagement and addressed topics such as diversity and intersectionality. Although the current version of the app cannot address all of the identified needs, it represents an important step in improving access to quality health information for the TGD community. However, additional strategies are still required to address culturally*	*The CAB approach in the project made it possible to establish a common language, priorities and planning, involving the community to create an appropriate application. Additional research is required to evaluate the effectiveness of the TGHIR app in improving the TGD community's participation in healthcare and health equity.*

		and function alities	*research with human subjects*	*competent care and the health inequities faced by TGD people.*	
	REFERENCE 29, Medeiros RM, Teixeira RC, Nicolini AB, Alvares AS, Corrêa ÁC, Martins DP. Humanized Care: insertion of the obstetric nurse in a university hospital. Brazilian Journal of Nursing. 2016 Nov;69:1091-8.	*The aim of this study was to evaluate care in the Antepart um, Intrapart um and Postpart um (AIP) unit of a teaching hospital after the incorpor ation of obstetric nurses.*	*A quantitativ e, descriptive , and cross-sectional study was conducted in an Antepartu m, Intrapartu m, and Postpartu m (PPA) unit of a university hospital in Cuiabá, Mato Grosso, between October 2014 and March 2016. The research covered a representa tive sample of 701 normal births recorded in the unit, excluding abortions and stillbirths.*	*The results show a high acceptance of practices recommende d by the WHO during childbirth, with 88.7% of women opting for a companion. The couple was the most chosen option, followed by the mother and other relatives. A remarkable 83% of parturients applied practices that respect the physiology of childbirth, highlighting the use of upright positions during expulsion, particularly semi-seated.* *In the postpartum period, 76%*	*The analysis of care practices during childbirth reveals that the inclusion of obstetric nurses has promoted humanize d care, with a greater use of methods that respect the physiolog y of childbirth , such as non-pharmaco logical pain relief and the presence of a companio n. This has resulted in a reduction of more*

| | | | | *The data were collected from a delivery registration system, which includes variables on the profile of pregnant women and obstetric history.* | *of umbilical cords were clamped in a timely manner and 73.1% of newborns had skin-to-skin contact with their mothers, which contributed to 80% being breastfed in the first hour. Apgar scores also reflect positive results, with 93% and 99% of newborns reaching values above seven in the first and fifth minute, respectively.* | *than 10% in the rate of cesarean sections and low rates of episiotomies (8.8%), aligning with the recommendations of the MS/WHO.* |
| | | | | | *Non-interventional practices, such as bathing (58.2%), walking (47.1%) and massage (19.5%), as well as exercises with a Swiss ball (54.6%). Most parturients combined multiple* | |

			methods, with 76.3% using more than one technique. In terms of pharmacotherapy, synthetic oxytocin was administered in 27.6% of cases, while no amniotomies were recorded in the unit's database. These findings suggest a preference for more natural and humanized approaches to childbirth care.	
REFERENCE 30. López-Tarrida ÁC, Ruiz-Romero V, González-Martín T. Caring with sense: spiritual care in health from the perspective of the professional. Spanish Journal of Public Health. January 13, 2020; 94: e202001002-.	*The study seeks to evaluate the perception and importance that health professionals give to spiritual and religious care in the care*	*An anonymous questionnaire with 30 statements about spirituality and religiosity was designed, which was sent to a selected group of health personnel.*	*The results indicate that although practitioners recognize the importance of spiritual care, many avoid directly addressing these issues due to the sensitivity of the issue and the lack of knowledge and skills to deal with*	*The study concludes that it is necessary to promote the training and awareness of health professionals in the field of spirituality, to improve comprehe*

		of hospitalized patients, as well as their willingness to integrate these dimensions into clinical practice.	*Responses were classified into three categories (agree, disagree, and don't know) and statistically analyzed using SPSS.*	*them appropriately.*	*nsive patient care and humanize health care. In addition, it is suggested that spiritual care should be systematically incorporated into clinical practice.*

Discussion:

Hospital management in Colombia has been focused on a financial model and the achievement of corporate objectives, neglecting quality and humanization in medical care. This has caused damage to the quality of life of users, who are forced to seek medical care outside their health institutions (8). There is an urgent demand for improvement strategies to close the gap between current and expected care in terms of quality and humanization (34).

In response to this situation, a gradual shift towards a collaborative, patient-centred approach to healthcare has been observed (35). The Colombian government has expressed concern about the low quality of health care and has proposed a reform that prioritizes humanization and quality of care (36). In this sense, the use of design thinking and patient-centered approach stands out as a relevant methodology to build a model of humanization in health, by creatively and collaboratively addressing complex difficulties in the health system (37).

The application of the human-centered approach, which involves different actors in the co-creation of proposals for improvement, can boost the administrative and strategic development of health organizations (38). It has been proven effective in generating customized solutions adapted to specific contexts. The creation of human-centered care models for hospital management can contribute to scientific knowledge and promote a broad and humanistic perspective in health administration.

Conclusion:

The literature review shows that the human-centered design approach has a significant impact on the promotion of humanized health care. The selected studies showed that the application of this approach in different areas of medical care, such as nursing and human and social sciences, has made it possible to improve humanizing practices and the quality of health services. By excluding articles related to digital transformation or virtual reality, it was possible to focus on those that truly focused on human-centered design and design thinking to achieve the

humanization of healthcare. These findings highlight the importance of considering the patient as the center of the care process, taking into account their needs, preferences, and experiences. The implementation of policies, models, and projects based on the human-centered design approach can contribute significantly to more humanized and patient-centered healthcare.

Conflicts of interest: It is declared that there are no conflicts of interest in relation to the bibliographic review carried out.

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