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EMOTIONAL COMPETENCIES OF HEALTHCARE PROFESSIONALS FOR HUMANIZATION IN HEALTH SERVICES: A SCOPING REVIEW PROTOCOL

COMPETÊNCIAS EMOCIONAIS DOS PROFISSIONAIS PARA HUMANIZAÇÃO NOS SERVIÇOS DE SAÚDE: PROTOCOLO REVISÃO DE ESCOPO

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RESUMO

Objetivo: Mapear as competências emocionais dos profissionais de saúde descritas em estudos sobre a humanização nos serviços de saúde. **Método:** Protocolo de revisão de escopo, conduzido conforme as diretrizes do JBI e registrado no *Open Science Framework*. Questão de pesquisa: "Quais são as competências emocionais dos profissionais, descritas na literatura, para a humanização nos serviços de saúde?". Serão considerados para inclusão os documentos que abordem competências emocionais de profissionais da saúde voltadas à humanização, sem restrição de idioma ou período. Os critérios de exclusão são: texto completo indisponível em meios eletrônicos ou após duas tentativas de contato com os autores; websites/portais eletrônicos com acesso restrito; livros, capítulos de livros e projetos de pesquisa. Foram realizadas buscas preliminares em duas bases de dados amplamente utilizadas. Após a finalização das buscas, os resultados serão exportados para o gerenciador de referências Zotero para a exclusão de duplicatas e, em seguida, importados para o Rayyan. A triagem, a seleção e a extração de dados serão realizadas por dois pesquisadores independentes. Conflitos entre os revisores serão resolvidos por um terceiro pesquisador que não participou das etapas anteriores. A apresentação dos dados seguirá o fluxograma PRISMA-ScR, complementada por tabelas, quadros e análises narrativas e descritivas.

Descritores: Competência Emocional; Humanização; Pessoal de Saúde; Serviços de Saúde; Enfermagem.

ABSTRACT

Objective: To map the emotional competencies of healthcare professionals described in studies on humanization in health services. **Method:** A scoping review protocol, conducted according to JBI guidelines and registered on the Open Science Framework. Research question: "What are the emotional competencies of professionals, described in the literature, for humanization in health services?". Documents addressing the emotional competencies of healthcare professionals aimed at humanization will be considered for inclusion, with no language or period restrictions. The exclusion criteria are: full text unavailable electronically or after two contact attempts with the authors; websites/portals with restricted access; books, book chapters, and research projects. Preliminary searches were conducted in two widely used databases. After completing the searches, the results will be exported to the Zotero reference manager to remove duplicates and then imported into Rayyan. Screening, selection, and data extraction will be performed by two independent researchers. Conflicts between reviewers will be resolved by a third researcher who did not participate in the previous stages. The data presentation will follow the PRISMA-ScR flowchart, supplemented by tables, charts, and narrative and descriptive analyses.

Descriptors: Emotional Competence; Humanization; Health Personnel; Health Services; Nursing.

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INTRODUCTION

Technological advancements in healthcare have improved clinical efficacy, reduced care errors, and transformed service delivery through digital solutions[1]. However, they have also increased costs and intensified the commodification and technification of care[2]. This reality has compromised the nature of health work, leading to fragmented care driven by productivity-focused, technical, and administrative demands, with little room for dialogue and listening[2]. Excessive technification is often associated with dehumanization, as it depersonalizes patients, families, and professionals by neglecting their individualities[1-6].

To overcome these challenges, humanization has become widely discussed in the scientific field, emerging as a societal response to this counterproductive logic of care in health services[7]. Over the years, this approach has spurred numerous studies on the topic from multiple focuses and perspectives[8-12].

To date, there is no clear and consensual definition within the scientific community, which makes the term "humanization" vague and often used interchangeably with expressions such as: humanization, humanization of assistance, humanization of care, humanism, and person-centered care, among others[3,7].

Initially, humanization focused exclusively on the patient. However, over the years, the concept has evolved into a holistic, human-centered perspective, encompassing the different actors involved in the care process—patients, families, healthcare professionals, and managers—as well as the structural and environmental aspects of health services[7]. From this perspective, the importance of valuing the different subjects involved in improving work processes and health services is recognized[6-7]. Respect for the individuality and dignity of the human being is considered the fundamental foundation of relationships, sustained by the building of supportive and harmonious bonds among the various actors. Thus, when professionals feel welcomed and respected in their work environment, they tend to offer equally respectful and empathetic attention to patients[7-9].

A systematic review sought to understand the key elements for humanization, the ways to implement them, and their main barriers. The results showed that among the three main areas—relational, organizational, and structural—the relational area was the most explored and discussed. In this context, the emotional competencies (EC) of healthcare professionals are essential for providing humanized care, especially from the patients' perspective[7].

For humanization in health services to be realized, from a psychological perspective, healthcare professionals need a framework of EC[3,7]. EC are defined as the "ability to adequately mobilize the set of knowledge, skills, and attitudes necessary to appropriately understand, express, and regulate emotional phenomena"[13:69]. Emotional intelligence (EI), in turn, refers to the ability to identify, understand, and evaluate one's own emotions and those of others, and to respond appropriately to different internal or external stimuli[13].

According to Alzina et al.[13], the definitions of EC are often confused with those of EI and are applied incorrectly in both practice and publications, leading to distortions between the terms[13]. EI is understood as a theoretical construct, a latent aptitude, a predisposition, or a potential that can be identified but not necessarily developed in a practical or systematic way. In contrast, EC refers to the effective ability to apply knowledge, skills, and attitudes in managing emotions, in a manner appropriate to contextual and relational demands[13].

In other words, EC presupposes the acquisition and conscious and intentional use of emotional skills in real situations, thus configuring it as an operationalizable concept that can be developed over time[3-6,13].

Scientific research on EC is recent and growing, especially in the context of health work. This is due to studies that demonstrate the positive impacts of developing EC, with beneficial repercussions such as improved organizational climate, reduced burnout among professionals, and increased patient satisfaction and treatment adherence. These factors also generate economic benefits, which has sparked the interest of institutions in investing in the development of these competencies[3-6,11].

A conceptual framework was developed by Pérez-Fuentes et al.[2-3] to identify the EC that professionals must possess to offer humanized care. This scoping review will be based on this theoretical framework; however, other frameworks may be considered during data extraction and analysis, provided they align with the central theme. Among them are Alzina et al.[13], Bar-On[14], and other authors who contribute to the understanding of EC in health services.

A preliminary search in the PROSPERO, MEDLINE, Cochrane Database of Systematic Reviews, and JBI Evidence Synthesis databases identified a scoping review protocol on humanization in the intensive care setting, based on the theoretical framework of La Calle[15]. However, to date, no review has been found that maps the EC necessary for humanization based on the conceptual framework proposed by Pérez-Fuentes et al.[2-3].

The synthesis of this initial literature mapping aims to offer a deeper understanding of how the scientific community has addressed the specific components of EC in the humanization of health services. Furthermore, it seeks to identify gaps in existing knowledge and provide a basis to guide future research in the area.

We believe that the publication of this protocol can foster relevant discussions, guide new studies within the international scientific community, and contribute to advancing knowledge on the topic, consequently strengthening managers and professionals, as well as improving the quality of care provided to patients in health services.

This scoping review aims to map the EC of professionals described in studies on humanization in health services.

METHOD

This is a protocol for a scoping review, guided by the JBI methodology[16] and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist[17]. The scoping review method was chosen as it is widely recognized for conceptual mapping in areas without a universally agreed-upon definition, as is the case for the topic proposed in this study. This review protocol was registered on the Open Science Framework (OSF) platform under the DOI 10.17605/OSF.IO/XQT65.

Research question

Based on the PCC mnemonic (Participants, Concept, and Context), considering: P – healthcare professionals; C – EC to humanization; and C – health services, the following research question was developed: "What are the EC of professionals for humanization in health services?".

Inclusion criteria

Participants

This scoping review will consider studies involving healthcare professionals of all training levels, including those with secondary education (such as nursing assistants and technicians), as well as those with higher education (such as nurses, physicians, psychologists, physiotherapists, among others).

Concept

The review will consider publications that address the EC of healthcare professionals for humanization in health services. The conceptual framework of Pérez-Fuentes[3-4] and its respective definitions of humanization, EC, and related constructs (such as self-efficacy, sociability, affectation, disposition towards optimism, and emotional understanding) will also be considered, without, however, being limited to this theoretical framework. Other frameworks related to EC, even if not mentioned by the author, may be included. The definitions of the constructs from the conceptual framework are presented in Figure 1.

Construct	Definition
Humanization	A set of emotional competencies that enable healthcare professionals to carry out their activities in a way that respects and protects human dignity[3].
Emotional competencies	The ability to adequately mobilize the set of knowledge, skills, and attitudes necessary to appropriately understand, express, and regulate emotional phenomena[13].
Self-efficacy	The ability of a healthcare professional to successfully manage complex and stressful situations[3].
Sociability	Refers to the preference for seeking the company of others. It is the ability to relate to others appropriately with assertiveness and empathy[3].
Affectation	Negative affectation in the face of professional challenges, stemming from an imbalanced sense of responsibility[3].
Disposition towards optimism	A disposition that generates positive future expectations and promotes coping with adversity and stressful situations in professional practice[3].
Emotional understanding	The ability to identify, analyze, and express emotions[3].

Source: Translated by the authors from the conceptual framework of Pérez-Fuentes et al.[2-3].
Figure 1 – Constructs and definitions according to the Pérez-Fuentes et al.[2-3] framework. São Paulo, SP, Brazil, 2025

Publications that correlate EC solely with the health of professionals, such as in cases of burnout, mental illness, or with management elements like leadership and organizational climate, will be excluded when there is no direct link to the humanized care provided to patients. Studies that adopt a concept of humanization focused solely on the perspective of patient-centered care, without considering other involved actors—such as healthcare professionals and family members—as well as publications that address dehumanization, will also be excluded.

Context

Publications conducted in all types of health services and levels of care, covering different countries and geographical contexts, will be considered.

Types of sources

All types of sources will be included, such as quantitative and qualitative studies, review articles, meta-analyses, meta-aggregations, guidelines, and opinion articles. Publications that are not available in full text in electronic databases or on websites, as well as those whose authors do not respond after two contact attempts, will be excluded.

Search strategy

Preliminary searches were conducted, with the guidance of a librarian, in the MEDLINE (via PubMed) and CINAHL (via EBSCO) databases, with the objective of identifying studies on the topic. Keywords and descriptors were combined using Boolean operators, as can be observed in Figure 2 and 3.

Strategy	Results
Full Search strategy: ("Humanism"[MeSH Terms] OR "humanization"[Text Word]) AND ("Patient Care"[MeSH Terms] OR "Patient Care"[Text Word]) AND ("healthcare providers"[Text Word] OR "health care providers"[Text Word] OR "health personnel"[Text Word] OR "health workers"[Text Word])	141

Figure 2 – Descriptors and keywords for the preliminary search in the PUBMED database, for the elaboration of the scoping review protocol. São Paulo, SP, Brazil, 2025

Strategy	Results
Full Search strategy: (MH "Health Personnel") OR TI ("health personnel" or "healthcare professionals" or "healthcare workers" or nurses) OR AB ("health personnel" or "healthcare professionals" or "healthcare workers" or nurses) OR SU ("health personnel" or "healthcare professionals" or "healthcare workers" or nurses) (("Social Skills" OR "Empathy" OR "Self Efficacy" OR "Optimism" OR sociability OR "emotional skills" OR "Social-emotional skills" OR "Emotional Intelligence" OR "Emotional Regulation" OR "emotional competence")) AND (S1 AND S2)	225

Figure 3 – Descriptors and keywords for the preliminary search in the CINAHL database, for the elaboration of the scoping review protocol. São Paulo, SP, Brazil, 2025

For each included database, the search strategies will be adapted, incorporating the previously identified keywords and descriptors. The searches will be conducted with the support of a librarian in the main databases, libraries, and direc-

tories, such as Embase (Elsevier), Scopus (Elsevier), Web of Science (Clarivate Analytics), PsycInfo (APA), Pepsic (BVS-Psi), Lilacs (BVS Virtual Health Library), and Google Scholar—the latter for capturing grey literature, such as theses, dissertations, and book chapters. Governmental websites and reports from civil society or international health organizations related to health policy analysis will also be consulted. The reference lists of the included full-text articles will be examined to identify additional publications.

The review will include documents published in any language, with no established time limit. For the translation of documents in languages not mastered by the researchers, DeepL Translator will be used.

Study selection

After searching the databases, the results will be exported to the Zotero V6.0 reference manager (George Mason University, VA, USA), where duplicates will be removed. Subsequently, the selected studies will be imported into the Rayyan review software (open access version), developed by the Qatar Computing Research Institute (QCRI).

Two independent researchers will screen the titles and abstracts, proceed with the selection, and include those that answer the research question. The second stage will consist of a full-text reading of the selected studies, applying the same inclusion and exclusion criteria. Any conflicts between the reviewers will be resolved by a third researcher. The search results will be presented in their entirety in the review, following the PRISMA-ScR 2020 flowchart[17].

Data extraction

Two reviewers will perform manual data extraction, including information on authors, year, country, publication type, study design, concepts studied, objective, target population, sample size, setting, data collection method, and data analysis method. A spreadsheet for recording this data was developed and tested after the preliminary searches, before the actual extraction began. Data extraction will be carried out independently by both reviewers, and any discrepancies will be resolved by a third reviewer.

Possible modifications to the data extraction spreadsheet may be made as needed for adequacy, and such changes will be duly recorded in the final considerations section of the scoping review.

Data analysis and presentation

To systematize all methodological steps and illustrate the records of the searches and assessments, the PRISMA-ScR 2020 flowchart[17] will be used. The data will be presented synthetically through tables, charts, narrative summaries, and illustrative figures, such as infographics, which will represent the main EC necessary for healthcare professionals to provide humanized care.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

1. Sharma D, Nagariya R, Tiwari A, Rajendran V, Jindal M. Humanizing Technology: The Impact of Emotional Intelligence on Healthcare User Experience. In: Kumar N, Pal S, Agarwal P, Rosak-Szyrocka J, Jain V, editors. Human-Machine Collaboration and Emotional Intelligence in Industry 5.0. IGI Global Scientific Publishing; 2024. p. 288-305. https://doi.org/10.4018/979-8-3693-6806-0.ch016
2. Pérez-Fuentes MC, Peco IH, Jurado MDMM, Ruiz NFO, Ayuso-Murillo D, Linares JJG. A Cross-Sectional Study of Empathy and Emotion Management: Key to a Work Environment for Humanized Care in Nursing. Front Psychol. 2020;11:706. https://doi.org/10.3389/fpsyg.2020.00706
3. Pérez-Fuentes MDC, Herrera-Peco I, Jurado MDMM, Ruiz NFO, Ayuso-Murillo D, Linares JJG. The Development and Validation of the Healthcare Professional Humanization Scale (HUMAS) for Nursing. Int J Environ Res Public Health. 2019;16(20):3999. https://doi.org/10.3390/ijerph16203999
4. Angelone A, Latina R, Anastasi G, Marti F, Oggioni S, Mitello L, et al. The Italian Validation of the Healthcare Professional Humanization Scale for Nursing. J Holist Nurs. 2024;43(2):121-133. https://doi.org/10.1177/08980101241230289
5. Bru-Luna LM, Martí-Vilar M, Merino-Soto C, Cervera-Santiago JL. Emotional Intelligence Measures: A Systematic Review. Healthcare (Basel). 2021;9(12):1696. https://doi.org/10.3390/healthcare9121696
6. Jurado MdMM, Herrera-Peco I, Pérez-Fuentes MdC, Ruiz NFO, Martinez AM, Ayuso-Murillo D, et al. Communication and humanization of care: Effects over burnout on nurses. PLoS One. 2021;16(6):e0251936. https://doi.org/10.1371/journal.pone.0251936
7. Meneses-La-Riva ME, Suyo-Vega JA, Fernández-Bedoya VH. Humanized care from the nurse-patient perspective in a hospital setting: a systematic review of experiences disclosed in Spanish and Portuguese scientific articles. Front Public Health. 2021;9:737506. https://doi.org/10.3389/fpubh.2021.737506
8. Fernandes AK, Wilson S, Nalin AP, Philip A, Gruber L, Kwizera E, et al. Pediatric Family-Centered Rounds and Humanism: A Systematic Review and Qualitative Meta-analysis. Hosp Pediatr. 2021;11(6):636-649. https://doi.org/10.1542/hpeds.2020-000240
9. Liu H, Zhang L, Yan J, Huang H, Yi Q, Peng L. The Relationship between Social Support, Empathy, Self-Efficacy, and Humanistic Practice Ability among Clinical Nurses in China: A Structural Equation Model. J Nurs Manag. 2023;2023(1):1378278. https://doi.org/10.1155/2023/1378278

10. Ribeiro GL, Costa CC, Damasceno AKC, Vasconcelos CTM, Souza MRT, Esteche CMGS et al. Using good delivery practices and maternal experience and satisfaction. Rev. enferm. UFPI. 2023;12(1):e4148. https://doi.org/10.26694/reufpi.v12i1.4148
11. Almeida ES. Competência emocional dos enfermeiros no contexto dos cuidados de saúde primários [master's thesis]. Porto: Escola Superior de Enfermagem do Porto - ESEP; 2021.
12. Borinca I, Mcauliffe A, Nightingale A. Improving intergroup relation through humanization: The moderating role of negative direct contact and the mediating role of intergroup affect. Asian J Soc Psychol. 2023;27(1):16-26. https://doi.org/10.1111/ajsp.12578
13. Alzina RB, Escoda NP. Las competencias emocionales. Educación XX1. 2007;10(1):61-82. https://doi.org/10.5944/educxx1.1.10.297
14. Bar-On R. The Bar-On model of emotional-social intelligence (ESI). Psicothema [Internet]. 2006 [cited 2024 Nov 8];18(Suppl):13-25. Available from: https://www.psicothema.com/pdf/3271.pdf
15. Stéphani G, Oliveira EMd, Gallani MC. Humanization of care for adult ICU patients: a scoping review protocol. JBI Evid Synth. 2022;20(2):647-657. https://doi.org/10.11124/JBIES-20-00481
16. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Scoping Reviews. In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. JBI Manual for Evidence Synthesis. Adelaide: JBI; 2024. https://doi.org/10.46658/JBIMES-24-09
17. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med. 2018;169(7):467-473. https://doi.org/10.7326/M18-0850

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