Editorial

Hospitality as an Added Value in the Organizational Culture of Nursing Care

Hospitalidad como valor agregado al cuidado en la cultura organizacional de enfermería

A hospitalidade como valor agregado ao cuidado na cultura organizacional de enfermagem

✉ ***Débora Milena Alvarez Yañez***
Universidad de La Sabana, Colombia
https://orcid.org/0000-0002-4836-9857
deboraalya@unisabana.edu.co

Sergio Andrés Acuña-Caicedo
Universidad de La Sabana, Colombia
https://orcid.org/0000-0003-0068-7992
sergioacca@unisabana.edu.co

Edwin Darío Archila Hernández
Universidad de La Sabana,
Hospital Universitario de La Samaritana, Colombia
https://orcid.org/0000-0002-8633-8031
edwinarhe@unisabana.edu.co

Mónica Peñaloza García
Universidad de La Sabana,
Universidad Francisco de Paula Santander, Colombia
https://orcid.org/0000-0001-8297-7146
monicapega@unisabana.edu.co

Keywords (Source: DeCS)
Hospitality; nursing care; organizational culture; humanization of assistance.

Palabras clave (Fuente: DeCS)
Hospitalidad; Cuidado de Enfermería; Cultura Organizacional; Humanización de la Atención Hospitalaria.

Palavras-chave (Fonte: DeCS)
Hospitalidade; cuidados de enfermagem; cultura organizacional; humanização da assistência.

DOI: 10.5294/aqui.2026.26.3.1

Para citar este editorial / To reference this editorial / Para citar este editorial

Álvarez Yañez DM, Acuña-Caicedo SA, Archila Hernández ED, Peñaloza García M. Hospitalidad como valor agregado al cuidado en la cultura organizacional de enfermería. Aquichan. 2026;26(3):2631. DOI: https://doi.org/10.5294/aqui.2026.26.3.1

Introduction

In contemporary healthcare systems, characterized by increasing technological sophistication, pressure for efficiency, and the standardization of processes, there is a growing need to reclaim the relational dimensions of care that uphold patients' dignity and human experience. In this context, hospitality, traditionally associated with the hospitality industry, has been reinterpreted in healthcare management and the scholarly literature as an institutional culture centered on welcoming, respect, and the creation of meaningful experiences within healthcare settings—environments that, for those who temporarily inhabit them, are marked by vulnerability and uncertainty (1, 2).

From the perspective of strategic healthcare management, hospitality can be understood as an organizational value that shapes institutional culture and the patient experience by translating the principles of humanized, person-centered care into concrete practices. In this sense, integrating strategic management, hospitality, and nursing care underscores that the quality of care depends not only on technical competence but also on organizational decisions that foster welcoming, trusting, and dignity-worthy environments. For nursing, as a discipline whose epistemological core is the care of the person, hospitality should not be regarded as an auxiliary element but rather as a relational construct that adds value to nursing care. This added value extends beyond efficiency indicators and is reflected in perceived quality of care, patient trust, satisfaction, and overall well-being (3).

Accordingly, this editorial aims to analyze and reconceptualize hospitality in nursing from the conceptual, theoretical, and empirical perspectives proposed by Fawcett, integrating insights derived from educational experiences in strategic healthcare management and their relationship to the organizational culture of care. It further proposes hospitality as an added value in nursing care, examining the opportunities and challenges associated with integrating this concept into professional practice and organizational culture.

Conceptual Level: What Is Hospitality in Nursing?

In healthcare, hospitality may be defined as an ethical and relational expression of care manifested through the genuine welcoming of patients as unique individuals deserving of dignity and respect, particularly in situations of vulnerability, within an organizational culture grounded in respect, empathy, and humanized care (1,4). This definition extends beyond an instrumental or behavioral understanding of hospitality by positioning it as an axiological category that reshapes how care is understood, delivered, and experienced in nursing.

Rather than being merely a set of courteous gestures, hospitality encompasses human, relational, and organizational dimensions that shape the experience of care. In this sense, it is not limited to observable behaviors but reflects an ethical disposition and professional intentionality that guide interactions with individuals in situations of vulnerability. Its key components include:

- Empathic and effective communication (5).
- Recognition of patients' individuality, values, and preferences (5).
- The creation of humanized and welcoming care environments (2).
- Personalized care and continuity of care (2).
- Compassion and emotional support (6).
- Cultural sensitivity and professional competence (2).

However, these components should not be interpreted as fragmented or additive; rather, they represent interdependent expressions of a coherent caring practice in which hospitality serves as an integrating principle linking the technical, ethical, and relational dimensions of care. From this perspective, hospitality adds value to nursing care by bridging technical competence with ethical commitment and emotional engagement. The value of care, therefore, extends beyond economic and administrative outcomes to encompass relational and social dimensions that directly influence the patient experience and health outcomes (3).

Theoretical Level: Nursing Care Foundations That Support Hospitality

Hospitality has not been formally articulated as a nursing theory on its own. Nevertheless, it is firmly grounded in the ontological and epistemological foundations of the discipline. Rather than representing a theoretical gap, this absence suggests that hospitality can be understood as a cross-cutting construct that engages with and integrates diverse conceptual frameworks of nursing care.

Humanization and Meaningful Relationships

Humanistic perspectives on nursing recognize the nurse-patient relationship as an ethical and meaningful encounter. Hospitality reinforces this relational dimension by framing welcome as an intentional professional practice (7). In doing so, it broadens the understanding of care beyond clinical intervention, positioning it as an intersubjective experience in which the other person is recognized in their inherent dignity.

Relationship as a Transformative Process

In Margaret Newman's *Theory of Health as Expanding Consciousness*, care is understood as a unitary relational process in which the nurse

and the patient engage in recognizing meaningful patterns of human experience, thereby fostering the expansion of consciousness (8). Hospitality creates the conditions of openness and trust necessary for this process to unfold. Within this framework, hospitality is not an additional attribute but rather a facilitating condition for the therapeutic encounter.

Person-Centered Care

The person-centered care approach is founded on communication, active participation, and respect for individual preferences (9). However, its effective implementation depends on organizational, cultural, and educational factors that influence its sustainability within healthcare services (9). In this context, hospitality can serve as an operational bridge that translates the principles of person-centered care into concrete practices aligned with respect for the patient's dignity. In doing so, it helps bridge the gap between the model's normative discourse and its implementation in everyday clinical practice.

Organizational Culture and Compassionate Care

Evidence indicates that compassionate practices and humanized leadership directly influence the patient experience (6). Studies conducted in long-term care settings have shown that when hospitality is fostered and modeled through leadership, it is translated into concrete practices that enhance the perceived quality of care and strengthen organizational culture (10). Understood as an organizational culture, hospitality requires institutional coherence between declared values and everyday practices. In this regard, its consolidation depends not only on the nursing professionals who provide care but also on organizational environments that legitimize, promote, and sustain it as an integral part of the institution's *ethos*.

Empirical Level: Experiences and Evidence of Application

Recent evidence indicates that hospitality in healthcare has measurable effects on the patient's experience and the quality of care. Hospitality-oriented practices have been shown to contribute to improved outcomes in person-centered care models (1). In addition, qualitative studies describe "felt hospitality" as an authentic expression of nursing care (10). Likewise, empathy and effective communication have been associated with higher perceived quality of care and greater treatment adherence (6-8). Across diverse healthcare settings, integrating services within a hospitality-oriented approach has strengthened person-centered care ecosystems (2).

The validation of instruments designed to measure hospitality as an axiological category in nursing confirms that it is a construct that can be operationalized and evaluated (7). Furthermore, studies on leadership and care coordination demonstrate how organizational environments influence the consolidation of practices aligned with humanized care (2).

Opportunities and Challenges for Its Integration

Among the opportunities for establishing hospitality as an added value in nursing care is the strengthening of a professional identity centered on human dignity, while enhancing patients' perceived quality of care, satisfaction, and overall experience (3). These efforts can contribute to the development of organizational cultures aligned with the principles of humanization (2), in which indicators of relational value are considered alongside clinical outcomes (7).

At the same time, several challenges must be addressed. Hospitality should not be reduced to an institutional marketing strategy or implemented in ways that compromise the scientific rigor of nursing care. Organizational, cultural, and educational barriers that hinder the sustainable implementation of person-centered care must also be overcome (9). Finally, education in emotional and cultural competencies should be integrated throughout undergraduate nursing curricula and reinforced through continuing professional development within healthcare organizations to support the effective and sustainable incorporation of hospitality into the nursing practice.

Conclusions

Hospitality, understood as a relational and ethical expression of care, represents an opportunity to reaffirm the disciplinary identity of nursing in an era of increasing technological advancement. When coherently embedded within organizational culture, it adds value to nursing care not only by promoting efficiency but also by fostering dignity, trust, and the human experience of patients. Reclaiming this concept means recognizing that care begins with welcoming others in their vulnerability. In this way, hospitality becomes an added value that reinforces the very essence of nursing.

Acknowledgements

This work was developed within the framework of the *Strategic Management of Research Projects Seminar* of the Doctoral Program in Nursing at Universidad de La Sabana. The authors gratefully acknowledge the guidance and support of Professors Maricela Isabel Montes Guerra and Lucía Carolina Barbosa Ramírez.

References

1. Yu J. Practicing hospitality contributes to the outcomes of patient-centered care. Int J Hosp Manag. 2026;132:104363. DOI: https://doi.org/10.1016/j.ijhm.2025.104363
2. Majeed S, Kim WG. Toward understanding healthcare hospitality and the antecedents and outcomes of patient-guest hospital-hotel choice decisions: A scoping review. Int J Hosp Manag. 2023;112. DOI: https://doi.org/10.1016/j.ijhm.2022.103383
3. Dick TK, Patrician PA, Loan LA. The value of nursing care: A concept analysis. Nurs Forum (Auckl). 2017;52(4):357-65. DOI: https://doi.org/10.1111/nuf.12204
4. Pizam A. Hospitality as an organizational culture. J Hospitality Tourism Research. 2020;44(3):431-8. DOI: https://doi.org/10.1177/1096348020901806
5. González-Sanzana C, Bustos-Ibarra C. Desafíos de la calidad percibida y el ejercicio del derecho a la información de los/as usuarios/as de las unidades de urgencias hospitalarias. Rev Med Chil. 2021;149(3):366-77. DOI: https://doi.org/10.4067/s0034-98872021000300366
6. Varghese A, Khakha DC. Attributes of compassionate care in clinical nursing practice from the perspectives of patients and nurses—A systematic review. J Educ Health Promot. 2025;14(1). DOI: https://doi.org/10.4103/jehp.jehp_1872_23
7. González-Serna JM, Ferreras-Mencia S, Arribas-Marín JM. Desarrollo y validación de la Escala Axiológica de Hospitalidad para la humanización de la enfermería. Rev Latino-Am Enfermagem. 2017;25: e2919. DOI: https://doi.org/10.1590/1518-8345.1767.2919
8. Endo E. Margaret Newman's theory of health as expanding consciousness and a nursing intervention from a unitary perspective. Asia Pac J Oncol Nurs. 2017;4(1):50-2. DOI: https://doi.org/10.4103/2347-5625.199076
9. Tinggogoy M, Putra KR, Kapti RE. Factors influencing the implementation of patient centered care in health services: A scoping review. Jurnal Riset Kesehatan Poltekkes Depkes Bandung. 2025;17(2):517-28. DOI: https://doi.org/10.34011/juriskesbdg.v17i2.2944
10. Kelly R, Wright-St Clair V, Holroyd E. Patient's 'experiences of nurses' heartfelt hospitality as caring: A qualitative approach. J Clin Nurs. 2020;29(11-12):1903-12. DOI: https://doi.org/10.1111/jocn.14701