

Perception of Humanized Care in the in-hospital Area, years 2014 - 2015

Lic. Gustavo Cusi Cari
Argentina

Abstract

The term humanization is a difficult concept because it presents subjective and complex characteristics and, despite its positive qualitative tone, it can take on different meanings due to cultural differences and individual values. What is humanized care for one person may not be for another. In health care, this discourse is organized around the defense of human rights and ethics.

In Brazil, there was a change in access to health care for the population after the approval of the Federal Constitution in 1988, which states in Chapter II that health is a social right, and it provides for the regulation of the Unified Health System (SUS) through Law 8080 of September 1990, which states in Title I that "Health is a fundamental human right, and the state should provide the necessary conditions for its full enjoyment"(3). There is no unified code or rights statute for patients, but there are several laws and decrees that promote and protect users, including by groups of diseases, ethnicities, and age groups.

In 1995 the state of São Paulo issued a Handbook of Patient Rights prepared by the State Health Department and by the Pathologies Forum. The guidelines contained in this Handbook inspired State Law No. 10.241 of March 1999, which governs the rights of users of services and health actions in the State of São Paulo. Despite the importance of humanization, research carried out has shown that, in relation to the satisfaction of users with public health services, technological advances in health care have not been accompanied by humanized care.

For the population served, the dehumanization of health care was due to problems such as: long lines; insensitivity of health care workers when dealing with people's suffering; disrespectful treatment; the isolation imposed on patients from their families and social networks during procedures and hospitalizations; and authoritarian management and degradation of the environment and labor relations. These issues expressed not only ethical and individual flaws, but also the way of organizing health services in Brazil. Because of this, the Health Ministry sought ways, together with society, to identify complaints from users in order to redeem and humanize health care(6). Thus, in 2003, the National Policy of Humanization of Care and Management of the Unified Health System (PNH/Humaniza SUS) was launched. It was a program for change in models of care and management, and was deployed

as a public health policy, understanding humanization as "the valuing of the different subjects involved in the health production process: users, workers, and managers"(7) in order to better assist users and provide better conditions for workers.

Considering the diversity in definitions of the term humanization, its importance for professional practice, and the recognition of the existence of factors that interfere with its implementation, the present study aimed to investigate the meaning of humanization for nurses and physicians in a hospital; get to know how nurses and physicians perceive humanization of care in professional practice, and identify factors that hinder or facilitate humanization of care.

METHOD

It was an exploratory, elucidating, and subjective investigation led in a general, private medical clinic that has a Catholic strict direction. The foundation has 284 beds and gives care to singular patients and those with medical coverage. The examination included 19 experts from different medical clinic care units, who had in any event a half year of work involvement with the establishment. The information was gathered during the second 50% of 2011.

A two-section instrument was created to gather the information. One section secured portrayal of the members; the other used the accompanying controlling inquiries: "For you, what does the term emergency clinic refinement mean?" And "What are the variables that block or encourage the acculturation of care in this establishment?" A pretest was completed on the instrument and the progressions essential for better comprehension of the members were made. The information acquired in the pretest was not utilized in the examination.

RESULTS

Nineteen professionals participated in the study: 9 nurses and 10 physicians. Of these, 12 were female and 7 male. The time of professional experience in the institution ranged from 2 to 17 years and the daytime work shift prevailed among the subjects interviewed. As for the work location, 4 participants worked in the adult emergency room, 1 in the child emergency room, five in the adult intensive care unit, 1 on the maternity ward, 2 in clinical surgery, 2 in the oncology unit, 1 in clinical medicine, 1 in the neonatal intensive care unit, and 2 in the pediatric

intensive care unit.

After analysis, the following categories emerged: “Meaning of the term hospital humanization,” “Facilitating factors for the humanization of care,” and “Overwork as a factor that hinders humanization of care.”

Meaning of the term hospital humanization

In this category, the participants related respect, caring, and empathy to the meaning of hospital humanization. To define humanization, the participants used the word respect, expressing it as respect for the customs, desires, beliefs, and values of patients. They said that when admitted, patients must reconcile their habits with care routines; this requires that care teams work to make adaptations that can be translated into respect for people. It became evident that hospital routines are important for teams to do their work without problems, but in order to offer dignified and respectful hospital care to patients, hospital professionals must seek to adapt these routines to the needs of patients and caregivers. The subjects believe that by respecting patients, they make them feel they are being treated in a dignified manner in an environment that is not their own. Thus, besides technical care, differentiated service that considers the particularities of each person should be provided.

To express the meaning of humanization, the participants also mentioned the importance of caring, explaining that this includes receiving patients with warmth and getting to know the context in which they are inserted, and not just looking after physical aspects and their disease. They affirmed that it is necessary to dedicate time and attention to patients’ anxieties and fears, and that this approach by professionals, with gestures of tenderness, protection, and concern for patients, is when humanization of the care takes place. It was shown that humanization is also related to improving the conditions of the environment, which should be warm and comforting to minimize the suffering from being ill and hospitalized, considering that patients are away from their homes and often deprived of interaction with their families.

The professionals highlighted actions that make some of the rules of the hospital environment flexible, such as allowing visits outside the established visiting hours and the presence of a companion in intensive care units. The family’s presence of families is cited as an important factor in caring for patients during hospitalization.

As for empathy, the respondents said that putting themselves in the place of patients enables them to better assist them. For some professionals, humanization is empathy for the person. It means treating the patient as if they were a member of your

own family, or a loved one, and treating them as you would want to be treated.

CONCLUSIONS

Nursing based on the disciplinary bases of care, has as its essence the delivery of humanized, timely and quality care, being this one of the main characteristics of Nursing professionals. This, in addition to the current emphasis on many Nursing Schools, in which the integral care of people has been emphasized, not taking into account the emotional and cultural aspect of the original peoples of the province of Jujuy, makes patients perceive a non-humanized treatment by nursing professionals.

In the hospital environment, vulnerable patients are observed, who have suffered an interruption in their daily lives and have been taken out of their cultural environment to face a disease health process, this is where the main importance of the Nursing professional and the delivery of human care and compassionate treatment, which allow people to feel accompanied in the process both patient and family.

Regarding the usefulness of the PCHE instrument, it offers a great opportunity to know the perception of patients, of the actions carried out by the Nursing professional, evaluating the different areas of the role, in the city of Humahuaca, Jujuy this evaluation from the perspective of the patient is scarce, however the instrument still requires certain linguistic adaptations, such as posing as a positive affirmation.

[54th World Congress on Nursing and Health Care, May 13-14, 2020.](#)

Abstract Citation:

Lic. Gustavo Cusi Cari, Perception of Humanized Care in the in-hospital Area, years 2014 - 2015, World Nursing Congress 2020, 54th World Congress on Nursing and Health Care, May 13-14, 2020