

Humanization of Health Care in the Hospital Environment - Reality or Utopia???

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The hospital environment generates in patients and families a mix of feelings such as anguish, fear, anxiety, doubts, hope, discomfort, feelings of loneliness and exclusion. The illness process itself leaves the patient and their loved ones emotionally and physically fragile, generating psychological suffering. This whirlwind of feelings and weaknesses are heightened when, in addition to medication and procedural care, health professionals do not provide patients and family members with attention, reception, dialogue, spaces for speaking and listening.

Few publications were found that address humanization in the hospital environment, and when we do, the focus is almost always on the intensive care unit, more specifically with emphasis on the nurse's role in the pre-visit guidelines of family members to their loved ones, which does not mean in its ontology as a humanized care in its essence.

Some countries, such as Argentina and others, have been concerned with humanization in the hospital environment, whose Ministry of Health in Buenos Aires has prepared a document entitled "o Derecho al Último Adiós", entirely conceived to guarantee the dignity of the human person in times of pandemic, guiding actions that promote hospital humanization, guaranteeing the right to health of both the infected person and the companion, in this sense, providing conditions that guarantee the monitoring of hospitalized patients a humanized environment.

The pandemic continues and unfortunately some countries in Europe and others are currently experiencing a third and fourth wave, calling for reinforcement of health measures to prevent COVID 19.

In Brazil, hospitals reinforced norms regarding visits, which transcend the pandemic period. Which are extremely rigid, becoming inhuman and perverse in the face of the suffering of family members regarding the illness of their loved one and their hospitalization. The fact of not seeing their loved ones leads patients to develop sadness, leading them to psychic suffering, even depression, impairing their recovery. The family, in turn, is apprehensive for not being able to see their loved one, for not being able to talk about their fears and uncertainties, for being welcomed most of the time by the assistant medical professional or by the nursing team, which in most cases is stuck to hospital norms and routines, losing the humanized sense of the profession. This lack of reception in the hospital environment develops feelings of indignity, sadness, and revolt in families, due to the rigid and normative way in which they are often approached by health professionals.

The rules are necessary, however, they should not supplant the humanization of care for the patient and his family, considering their weaknesses because of the situation experienced. Although much is said and written about the humanization of care, specifically nurs-

ing care, what is observed in practice are nurses trapped in the shackles of hospital norms and routines, failing to recognize the family's needs in terms of welcoming care. In most hospital environments, nursing starts to adopt only technical care and extremely prescriptive and normative relationships with both the patient and their loved ones. They forget that each case must be addressed and cared for according to its real demand and need, therefore, in addition to the pre-established norm and routine if applicable, aiming at a welcoming and humanized care.

Hospital norms and routines are often designed with the organization and maintenance of the hospital environment and work process in mind, most of the time they were not designed with a focus only on disease and prevention of nosologically damage, almost never considering families in coping with the disease process illness of your loved one. It is necessary that health professionals, specifically those who make up the nursing team, remember that the family gets sick together with their loved one, suffers together and fear with and for them. That this suffering increases when they are prevented from visiting or at least being welcomed and respected in their suffering by the team.

Humanization in the hospital environment begins with the reception not only of the patient, but also of their family, allowing spaces for speaking and listening for both, a qualified and welcoming listening, so that suffering is alleviated. In this perspective, we consider that both nursing and medicine need to develop communication skills during their academic training, which allow them to care beyond procedural techniques. Nursing care, especially this one, must strive for humanization, transcending norms, and routines when they increase the suffering of the patient and family.

The humanization of health care begins with respect for the dignity of the human person, sensitivity to the pain of the patient and family, recognizing that, depending on the case, the norm must be re-signified, considering that the norms and regulations should not be considered more important than the patient and family in their pain and fragility experienced in the illness process and its treatment.

We cannot ignore the fact that in the hospital routine, the high demand for care, the small number of professionals and available resources, somehow contribute to the mechanization of actions and relationships that are only prescriptive and normative, making the environment cold and inhuman. These phenomena, which must be remedied by a more humanized and less technocratic hospital management.

Faced with this situation, we ask ourselves: is humanization in the hospital environment a reality or a utopia? We realize that to stop being a utopia, it is necessary to invest in the academic training of health professionals, specifically doctors and nurses. That they learn humanized care not only in a theoretical approach, but above all in a practical one.

A friendly word, a touch, an attentive look, a qualified listening and enabling a space for speech, are simple actions, feasible to be carried out and humanize care, relieving the suffering of the patient and family, are therapeutic actions.

We want to believe that humanization in the hospital environment will one day cease to be a utopia and will become a reality, that nursing will always transcend norms and routines whenever they violate the principles of humanization of care.

I conclude by emphasizing that this is much more than an article, it is a call to critical reflection regarding the (de)humanization of health care in the hospital environment, regarding practice and academic training. May he provoke and lead others to rethink and write about this delicate subject that is inherent to human care [1-3].

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